


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -2 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **02000016646**

1. Corporation Name
OSY Communication ELECTRONICS & INV. INC.

REINSTATEMENT **03-04**

2. Principal Office Address 1647 SW 32 AVE Suite, Apt. #, etc.		3. Mailing Office Address 1647 SW 32 AVE Suite, Apt. #, etc.	
City & State MIA FIA		City & State MIA FIA	
Zip 33145	Country	Zip 33145	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CARLOS ROJAS

Street Address (P.O. Box Number is Not Acceptable)
1647 SW 32 AVE


Suite, Apt. #, Etc.

City
MIA

State
FL

Zip Code
33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date _____

REGISTERED AGENT MUST SIGN

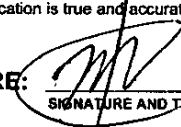
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	CARLOS ROJAS	1647 SW 32 AVE.	MIA 33145

400058632004
08/18/05--01006--014 **1000.00

400058632004
09/16/05--01006--015 **50.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)