


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 26 PH 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000008802
1. Corporation Name
MASTECH ELECTRONICS, INC.

**FILING CANCELLED
RETURNED CHECK**

2. Principal Office Address - No P.O. Box #
18001 OLD CUTLER RD
Suite, Apt. #, etc.

3. Mailing Office Address
18001 OLD CUTLER RD
Suite, Apt. #, etc.

City & State
PALMETTO BAY, FL

City & State
PALMETTO BAY, FL

Zip Country
33157 USA

Zip Country
33157 USA

4. Date Incorporated or Qualified To Do Business in Florida
01/12/2004

5. FEI Number Applied For Not Applicable

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

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name
ANDERSON & COHEN


Street Address (P.O. Box Number is Not Acceptable)
910 BRICKELL AVENUE

Suite, Apt. #, Etc.
400

City State Zip Code
MIAMI FL 33131

REINSTATEMENT
DEC 26 2013
R. HUNT
200255021452
12/26/13--01028--005 **1085.00

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 **12/17/13**

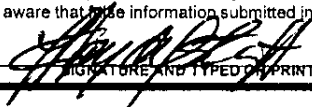
REGISTERED AGENT MUST SIGN

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
P	AMADO, JESUS H	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
SREXVP/SO	AMADO, YISHAI H	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
VP	VERGARA, LUISA	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
VP	TENDERO, RAFAEL L	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
T	PEREZ, ERNESTO	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
AS	PEREZ, ROBERTO	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157

10. E-mail Address: **MASTECHSCOSOLAR@HOTMAIL.COM**
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **12/17/13** 305-454-2010
Date Daytime Phone #