PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATION					FILED 05 NOV 22 SI I:	21	
DOCUMENT # 2950000 58011						4	
DOCUMENT # 29 > 0000 \ 5011				·	SECHAY LTALLAMIA TO PANA		
1. Corporation Name Strago Electric Inc. 10061 Sw 145 Terr.				01/	JALLAND THE	-11	
10061 SW 145 Terr				XA .			
		W	05-51139	5. 7	CHIENTEN	3	
2. Principal Office Address 3. Mailing (idress	. படிய அற	CO OF A T ISSUED OF	04.50	
1006	1 5W 145 Terr.	Same			CR2E081 (8/05)	The state of the s	
Suite, Apt. #, etc. Suite, Apt. #					· · ·		
					ncorporated or Qualified Business in Florida 7 - 27 - 1995		
City & State	· \	City & State	City & State		5. FEI Number Applied For		
Mia	mi Fl				0601324	Not Applicable	
^{ZIP} ろろい	76 USA	Zip	Country	6.	So.75 Addit	tional Fee required tificate of Status	
		7. Name a	nd Address of Current Regis	tered Agent			
	Name Juan Carlos Ferrer						
Street Address (P.O. Box Number is Not Acceptable)							
	701 BOCKEIL AUR. # 1400 400061438914						
	Suite, Apt. #, Etc.				2/0501083009 **	¥151.75	
	City Hiami				State Zip Code 33 3		
8. I, being	appointed the registered agent of the abo	ve named corporation,	am familiar with and accept the	obligations of secti	ion 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Date 11-11-05							
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		
0	Onicers and/or Directors		Officer and/or phrector				
Hes.	Sanbago Garci	2 100	51 00.145	STERR	Hiami, Fl. 3	3176	
Sec.	Sanhayo Gara	a					
Treasure	er Sanhard Garr	ya	1				
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1100.	WETE TOTAL	ar ao		4	0006143891	4	
			,	11/1	0006143891 \$/0501046003 **	k7\$8.75	
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)(i), 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: WALT GUEST TERM GENERAL 11105 (305)032-4760							
SIGNATURE AND TYPET OR POINTED NAME OF SIGNING OFFICED OR DIPERTOR							