PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 29 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 959736

1. Corporation Name

J.P. ELECTRONIC IMPORT & EXPORT, INC.

REINSTATEMENT 04-1-03

2. Principal Office Address	3. Mailing Office Address
6355 SW 123 Avenue	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: SAME
Zip: 33186 County: DADE	Zip: SAME County: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 8/16/74

5. FEI Number: 591547405 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ZENAIDA MERA

Street Address (P.O. Box Number is Not Acceptable): 6355 Southwest 123rd Avenue

900019329629
05/20/03--01058--005 **350.00
1350.00

Suite, Apt. #, Etc.: Miami, Florida

City: Miami State: FL Zip Code: 33186

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: 4/10/03
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	ONELIA PUJOL	6355 SW 123rd AVE	Miami, FL 33186
VP	IVAN MERA	6355 SW 123rd AVE	Miami, FL 33186
S	JUAN PUJOL	18900 SW 204 ST.	Miami, FL
T	ZENAIDA MERA	6355 SW 123rd AVE	Miami, FL
		900019329629 05/20/03--01058--006 **8.75	

10. I certify that I am an officer or director of the corporation 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: _____ 04/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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