

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10f2

APPLICATION  
FOR  
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 651859

1. Corporation Name

ELECTREX COMPANY

Principal Place of Business

Mailing Address

18620 NE 2ND AVE.  
MIAMI FL 33179

18620 NE 2ND AVE.  
MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/1979

5. FEI Number

59-1982894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	OSTROVSKY, BEN	15251 DURNFORD DR	MIAMI LAKES FL
			500003447945--6 -11/02/00--01003--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSTROVSKY, BEN  
18620 NE 2 AVENUE  
MIAMI FL 33179

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/17/2000

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., 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.

KE

SIGNATURE:

*[Signature]*  
BEN OSTROVSKY

10/17/2000

305-657-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

2062

# ELECTREX COMPANY

18620 N.E. 2nd AVENUE • MIAMI, FLORIDA 33179 •

E-mail: electrex@bellsouth.net

U.S.A. TEL. (305)651-5752

FAX: (305)654-1386

October 17, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O.Box 6327  
Tallahassee, FL 32314-6327

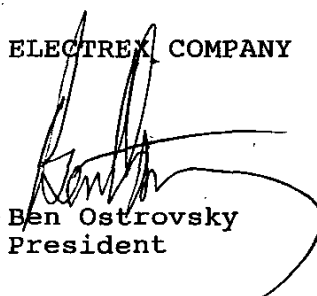
Dear Sirs:

We have received the Notice of Administrative Dissolution or Revocation, and would like to advise that we have previously not received either the original notice nor the second request, as mentioned in the form sent to us.

We are enclosing the application for reinstatement together with our check #29329, for reinstatement and we expect a waiving of the penalty since the original notices were never received.

Respectfully,

ELECTREX COMPANY

  
Ben Ostrovsky  
President