

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F63844

1. Corporation Name

A.I.M. BATTERY AND ELECTRIC, INC.

REINSTATEMENT 00-04

2. Principal Office Address

400 23rd Street

Suite, Apt. #, etc.

City & State

Marathon, Florida

Zip

33050

Country

U.S.A.

3. Mailing Office Address

400 23rd Street

Suite, Apt. #, etc.

City & State

Marathon, Florida

Zip

33050

Country

U.S.A.

700030948967

03/23/04--01106--021 **1358.75

4. Date Incorporated or Qualified

To Do Business in Florida 01/14/1982

5. FEI Number

592175263

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

Robert K. Miller

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

2975 Overseas Highway

Suite, Apt. #, Etc.

City

Marathon

State

FL

Zip Code

33050

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

REGISTERED AGENT MUST SIGN

Date 03/17/2004

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/T/S	Louis Berte	400 23rd Street	Marathon, Florida 33050

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:

LOUIS BERTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/2004

Date

305-743-6876

Daytime Phone #

CR2E081 (01/04)