

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | FLORIDA DEPARTMENT OF STATE<br>DIVISION OF CORPORATIONS                                               |                                                                                                                                                                                                                                                              | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS                                                              |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------|
| DOCUMENT # F97000002111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                       |                                                                                                                                                                                                                                                              | 99 MAY 13 AM 10:47                                                                                                   |        |
| 1. Corporation Name<br>International Systems & Electronics Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Mailing Address                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| 6161 Waterford<br>6161 Blue Lagoon Drive, Suite 450<br>Miami, Florida 33126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| 2. New Principal Office Address, If Applicable<br>1950 W. 54th Street<br>Suite, Apt. #, etc.<br>Suite 418<br>City & State<br>Hialeah, Florida<br>Zip<br>33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | 3. New Mailing Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |                                                                                                                                                                                                                                                              | 4. Date Incorporated or Qualified To Do Business in Florida<br>4/22/97                                               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              | 5. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)                | 4. City                                                                                                                                                                                                                                                      | 5. State                                                                                                             | 6. Zip |
| Pres.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pedro Penton                         | 6161 Blue Lagoon Drive Suite 450                                                                      | Miami                                                                                                                                                                                                                                                        | Florida                                                                                                              | 33126  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| 8. Name and Address of Current Registered Agent<br>CT Corporation System<br>1200 South Pine Island Road<br>Plantation, Florida 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                       | 9. Name and Address of New Registered Agent<br>Name<br>Pedro Penton<br>Street Address (P.O. Box Number is Not Acceptable)<br>6161 Waterford<br>Suite, Apt. #, Etc.<br>6161 Blue Lagoon Drive, Suite 450<br>City<br>Miami<br>State<br>FL<br>Zip Code<br>33126 |                                                                                                                      |        |
| 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.<br>Signature of Registered Agent<br>Date 5.2.99<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                                                      |        |
| 12. 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:<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                                                                       | Date<br>5.4.99, 305-477-817<br>Daytime Phone #                                                                                                                                                                                                               |                                                                                                                      |        |