

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83683

1. Corporation Name

ELECTRONIC PARTS & EQUIPMENT INC.

Principal Place of Business

Mailing Address

4380 S.W. 74 AVENUE
SUITE 800
MIAMI FL 33152

P.O. BOX 35704
1122 SW 87 AVENUE SUITE 83
MIAMI FL 33239

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.
4380 SW 74 AVE

Suite, Apt. #, etc.
SAME

City & State
MIAMI FL

City & State

Zip
33152

Country
U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1989

5. FEI Number

65-0250382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 / State / Zip
PP	AMOR, FDEL	16021 S.W. 153 AVENUE	MIAMI FL
0	AMOR, MAGDA	1122 S.W. 87 AVENUE SUITE 83	MIAMI FL

300002013633--6
-11/26/96-01024-015
***375.00 ***375.00

11-22-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMOR, AMOR FIDEL AMOR
16021 S.W. 153 AVENUE
MIAMI FL 33187

Name FIDEL AMOR
Street Address (P.O. Box Number is Not Acceptable)
16021 SW 153 AVENUE
Suite, Apt. Etc. MIAMI FL 33187
City State Zip Code
FL

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]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/13/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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:

[Signature]
SIGNATURE REQUIRED
FIDEL AMOR

11/13/96

(301) 264-7655