

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/28/03--01062--030 **300.00

DOCUMENT # K86547

1. Corporation Name

TRI STATE AUTO ELECTRIC, INC.

2. Principal Office Address 10790 NE 6 AVE		3. Mailing Office Address 10790 NE 6 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. MIAMI, FL		City & State N. MIAMI, FL	
Zip 33161	Country US	Zip 33161	Country US

4. Date Incorporated or Qualified To Do Business in Florida		05/09/1989
5. FEI Number 59-2052617		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent			
Name ALBERT HAM			
Street Address (P.O. Box Number is Not Acceptable) 10790 NE 6 AVE			
Suite, Apt. #, Etc.			
City N. MIAMI	State FL	Zip Code 33161	

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: Albert Ham Date: 10/14/03

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/D	ALBERT HAM	12223 S.W. 24 TERRACE	MIAMI, FL 33175
D	ARLENE M. HAM	12223 S.W. 24 TERRACE	MIAMI, FL 33175

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: Albert Ham Date: 10/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

October 13, 2003

To whom it may concern,

I Albert Ham Vice President of the corporation am sending this letter along with the completed application for reinstatement. The reason that the corporations application was revoked because to my knowledge we did not receive the two prior uniform business report notices. Attached is the reinstatement application along with the UBR filing fee. Also I would like to inform you that the president my father Jorge Ham recently has passed away. We need to remove him off the corporation, and add my sister Arlene Ham as an officer of the business. If there is anything else that needs to be done please contact me at (305)759-9244.

Thank You,

A handwritten signature in black ink that reads "Albert Ham". The signature is written in a cursive, slightly slanted style.

Albert Ham
Vice President