

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013836

Name and Mailing Address

0007604 01 FP 0.352 \*\*PRSRT T3 0 0615 33193-525483



INTERNATIONAL ELECTRIC TECHNOLOGY, LLC  
15883 SW 84 ST.  
MIAMI FL 33193-5254



2. New Mailing Address

City, State, Zip

Principal Place of Business

15883 SW 84 ST.  
MIAMI FL 33193

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/17/2001

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

PARLADE, ALBERTO J  
PARLADE & FIGUERAS  
7050 S.W. 86 AVE.  
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/12/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HUERTOS, MARIA	15883 SW 84 ST.	MIAMI FL 33193

200009526872  
12/15/02--01076--006 \*\*155.00

REINSTATEMENT

02 SW  
dce

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

X Maria E Huertos

Date

12/10/02

Daytime Phone

(305) 796-5304