

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014504

Name and Mailing Address

0007599 01 FP 0,352 **PRSR T3 0 0615 33193-525483



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



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/27/2001

Principal Place of Business

15883 SW 84 ST.
MIAMI FL 33193

3. New Principal Place of Business Address

City, State, Zip

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

Date

12/12/02

REGISTERED AGENT MUST SIGN

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

300009562323
12/17/02--01070--002 **155.00

REINSTATEMENT

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. Huerto

Date

12/10/02

Daytime Phone #

305-796-5304

Typed or printed name of signing Managing Member/Manager