PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		STATE	SECRETARY OF STATE CRECKATIONS 00 DEC -7 PM 1: 03			
DOCUMEN 1. Corporation Name FEDER ELECTR	T# N2249 ACION/DO ICAS, GA.	WDICAL ELASPLANT S Y AGO	as va,Inc					
2. Principal Office Addition of the Addition o	ess BTH ST.	3. Mailing Office Address 7/75			NOTEWENT OF			
# 213		#213	# 213			4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State			5. FEI Number Applied For			
MIAMI,	Country	MIAMI Zip	Country		65-0	010155	Not Applicable	
33144	USA	33144	USA		CERTIFICATE		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent								
Name RENE L. DIAZ 400003506;02-1-5								
8. I, being appointed the registered agent of the above lamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors			Street Address of Each Officer and/or Director			City / State	/ Zip	
PD REN	PD-RENE-L. DIAZ -			350 JAMIAM; BLVD.			II	
S HUMB	ERTO VAR	645 245	18TH ST.	APT. #	103	MIAMI BENCH,	FL 33139	
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	XTO CAMA				m Ro	MIDMI, FL -	33144	
							AD	
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #								