

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -6 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031526

1. Corporation Name

ELECTBUS CORPORATION

2111 N.W. 79 AVENUE

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2. Principal Office Address

2111 N.W. 79 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2111 N.W. 79 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122

Country

U.S.A.

Zip

33122

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/28/2000

5. FEI Number
650995321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELIO BURGUERA

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

2111 N.W. 79 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33122

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

REGISTERED AGENT MUST SIGN

Date

Dec 3/2004

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	ELIO C. BURGUERA	2111 N.W. 79 AVENUE	MIAMI/FLORIDA/33122
V/D	CESAR E. JIMENEZ	2111 N.W. 79 AVENUE	MIAMI/FLORIDA/33122
S/D	ELISA QUINTERO	2111 N.W. 79 AVENUE	MIAMI/FLORIDA/33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 3/2004 305-4362233

CR2E081 (01/04)