

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 AUG 28 PM 1:17

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000048585

1. Corporation Name

Buy and Sell Electronic Spare
Parts Net Inc.

2. Principal Office Address - No P.O. Box #

9425 NW 47 Terr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33178

Country

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05-12-2000

5. FEI Number

05-1029608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Juan Hidalgo

Street Address (P.O. Box Number is Not Acceptable)
11755 SW 37 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33195

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Hidalgo

REGISTERED AGENT MUST SIGN

Date

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	Hidalgo, Juan	11755 SW 37 st.	Miami, FL 33175

SP00109130009
09/07/07-01017-013 **600.00

REINSTATEMENT 08-07

RH

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 contained in Chapter 119, 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:

Hidalgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #