PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FILED	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P 00000 95991 1. Corporation Name		TALLAPASSEE, FLORIDA	
Altam Electron	sics, Inc.		
2. Principal Office Address 1508 E. Commercial Blue Sujte, Apr. #, etc.	3. Mailing Office Address 1508 & Commercial Blue Suite, Apt. #, etc.	REINSTATEMENT 03-04	
a**		4. Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State	5. FEI Number Applied For	
Ft. LAUDERONE, FL	FF. LAUDERDALE, FL	65-1045904 Not Applicable	
33334 USA	33334 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
	7. Name and Address of Current Registe	stered Agent	
Name A CO	FARQU HARS	5011	
Street Address (P.O. Box Number is No	ot Acceptable)	^	
1508 £ . CC Suite, Apt. #, Etc.	immercial Blud	7. 900031566779 . 03/31/0401080008 **90 .00	
Ft LAWCE	ose	State Zip Code FL 33334	
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 Date 3-0.9-04 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at	ıt least 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct		
Plop Everton BLA	KE 1508 E. Commer	reval Blud Ft. LANDERDade FL 32834	
SIT SANDRA FAROUL	ARSON 1508 E. Commerci	vial Blud Ft. LAUDERDADE FL 33834 Vial Blud Ft. LAUDERDADE, FL 33384.	
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: SIGNATURE Date Date Destine Proper			