PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

001 VBE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 30 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000111800

1. Corporation Name
SELECTIVE BUYING ELECTRONICS, CORP.

2. Principal Office Address	3. Mailing Office Address
5795 NW 109 AVE	5795 NW 109 AVE
Suite, Apt. #, etc. 7	Suite, Apt. #, etc. 7
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178 Country	Zip 33178 Country

4. Date Incorporated or Qualified To Do Business in Florida 12-06-00

5. FEI Number 22-3769328 ☐ 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: CAROLYN CUARTERO

Street Address (P.O. Box Number is Not Acceptable): 5795 NW 109 AVE

Suite, Apt. #, Etc.: 7

City: MIAMI State: FL Zip Code: 33178

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 04-24-01

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	JOSE M. CUARTERO P.	5795 NW 109 AVE #7	MIAMI, FL 33178
V. PRES.	JOSE M. CUARTERO B.	5795 NW 109 AVE #7	MIAMI, FL 33178
SECRET.	CAROLYN CUARTERO	5795 NW 109 AVE #7	MIAMI, FL 33178

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: _____ 04/24/01 (305) 6298010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #