PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AMD FILED
03 NOV -3 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060688

1. Corporation Name
REGIONAL ELECTRONICS AND POWER, INC.

2. Principal Office Address	3. Mailing Office Address
2125 NW 86 AVENUE	2125 NW 86 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI FL	MIAMI FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida: 06-19-01

5. FEI Number: 65-1114336 ☐ 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: HAYDEE CEBALLOS

Street Address (P.O. Box Number is Not Acceptable): 354 SEVILLA AVENUE

Suite, Apt. #, Etc.:

400024386004
11/03/03--01087--018 **900.00

City: CORAL GABLES State: FL Zip Code: 33134

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: Haydee Ceballos
REGISTERED AGENT MUST SIGN

Date: 10-20-03

CR2E081 (10/02)

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
PTSD	HANGEN, FERNANDO	APDO POSTAL 1404-1002 PASEO ESTUDIANTILES	SAN JOSE, COSTA RICA

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: ✓ FERNANDO HANGEN PRESIDENT 10/29/03 305 594-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #