


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

02 MAR -4 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **POF000109185**

1. Corporation Name

Raymond Electric, Inc.

2. Principal Office Address

7400 W 20 Ave

Suite, Apt. #, etc.

311

City & State

Hialeah FL

Zip

33016

Country

USA

3. Mailing Office Address

7400 W 20 Ave

Suite, Apt. #, etc.

311

City & State

Hialeah FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/01

5. FEI Number

65-1152918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Ramon Santana

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

7400 W 20 Ave

Suite, Apt. #, Etc.

311

City

Hialeah

State

FL

Zip Code

33016

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

RJ Santana

REGISTERED AGENT MUST SIGN

Date

2/22/02

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
P	Ramon J Santana	7400 W 20 Ave apt 311	Hialeah FL 33016
U	Ramon E Santana	7400 W 20 Ave apt 311	Hialeah FL 33016

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

2/22/02

Date

(786)2560224

Daytime Phone #

CR2E081 (9/01)