CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DMSIGN OF CORPORATION Secretary of State DMSIGN OF CORPORATION CENTER PO2000013101 DEC 10 AH II: 50 DOCUMENT # P02000013101 DEC 10 AH II: 50 DOCUMENT # P02000013101 DEC 10 AH II: 50 DEC 10	FILING CANCELLED RETURNED CHECK PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
DOCUMENT # P02000013101         1. Corporation Name         ELECTRONIC DEPOT CORPORATION         2. Principal Office Address - No P.O. Box #         960 West 49th Street         960 West 49th Street         900 Street Address 0 Gurent Registered Address 0 Gurent Registered Address 0 Gurent Registered Address 0 Gurent				5	Secretar	y of St	ations				,	
2. Principal Office Address - No P.O. Box # 960 West 49th Street 970 West 49th Street 960 West 49th Street 970 Street 970 Street 970 S	DOCUMENT # P02000013101 1. Corporation Name ELECTRONIC DEPOT CORPORATION								۲۰۰ REINSTATEMENTol بالجزير 12/10/10-0188578728			
City & State       Country       Zp       Applied For         2p-       Country       Zp       Country       S. FEI Number       Applied For         33012       USA       S. FEI Number       S. FEI Number       State       State<	960 W	est 49th		960 We	etc.			CR2E081 (11/09)				
33012     USA     33012     USA <sup>1</sup> CERTIFICATE OF STATUS DESIRED <sup>1</sup> Statistical For reduced for Certificate of Status Desired       Name     Name and Address of Current Registered Agent       Name     Heriberto Reyes       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       5201 Blue Lagoon Drive       State Address (P.O. Box Number is Not Acceptable)       Bt FL 33126       8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507.855 or 617.0503, F.S.       Signature of Registered Agent       Files       Officers and/or Director       Officers and/or Director       Officers and/or Director       Officers and/or Director       Officers and/or Directors <td colspan="4">Hialeah, FL Hialea</td> <td colspan="3">h, FL</td> <td></td> <td></td> <td></td> <td></td>	Hialeah, FL Hialea				h, FL							
Name Heriberod Reyes         Steet Address (PO, Box Number is Not Acceptable)         5201 Blue Lagoon Drive         Steet Address (PO, Box Number is Not Acceptable)         5201 Blue Lagoon Drive         Steet Address (PO, Box Number is Not Acceptable)         5201 Blue Lagoon Drive         Steet Address (PO, Box Number is Not Acceptable)         5201 Blue Lagoon Drive         Steet Address (PO, Box Number is Not Acceptable)         Cay         Miami         B. I, being appointed the registersd agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.         Signature of Propheter Addresses of Each Officer and/or Director (Piotda nonprofit corporations must list at least 3 directore)         P       Rodriguez, Oscar         4905 SW 74 Ct       Miami, FL 33155         VP       Gonzalez, Angel         4905 SW 74 Ct       Miami, FL 33155         S				1 ·			•	6. CERTIFICATE OF STATUS DESIRED				
Signature of Registered Agent       Date       12-03-2010         9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)       Titles       Name of Officer and/or Director         9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)       City / State / Zip         P       Roddriguez, Oscar       4905 SW 74 Ct       Miami, FL 33155         VP       Gonzalez, Angel       4905 SW 74 Ct       Miami, FL 33155         T       Cobo, Arturo       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         10.       E-mail Address; atomeysescrow@bellsouth.net       Itoently 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 reinstament application. The projection of the requirement to second of receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that all frees or due to reliment application. The projection of the requirement to second or of the requirement to second or disclution has been empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that all frees or due tor disclution has been emplicit. The enginement application of therolide thas provided for in chapter 607 or 617, F.S.	Heriberto Reyes Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive Suite, Apt. #, Etc. 8th Floor City					State Zip Code			<ul> <li>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</li> </ul>			
Titles       Name of Officers and/or Directors       Street Address of Each Officer and/or Director       City / State / Zip         P       Rodriguez, Oscar       4905 SW 74 Ct       Miami, FL 33155         VP       Gonzalez, Angel       4905 SW 74 Ct       Miami, FL 33155         T       Cobo, Arturo       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         10.       E-mail Address: attomeysescrow@bellsouth.net       Ito be used for future annual report notification)         11.       for the relation of 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 region for dissolution has been emmated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. I so over dy the comportion have been paid. I further certify the information indicated on this application is true and my signature shall have the same legal effect as if made under of the same been paid. I further certify the information indicated on this application is true and my signature shall have the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same legal effect as if made under of the same	: Signature d		Allerten									
Officer and/or Directors       Officer and/or Director       City / Suite / Zip         P       Rodriguez, Oscar       4905 SW 74 Ct       Miami, FL 33155         VP       Gonzalez, Angel       4905 SW 74 Ct       Miami, FL 33155         T       Cobo, Arturo       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         No       Base of the reserve of the reserve of the reserve of the reserve of the secole of the secole of the secole of the reserve of the reserve of the secole of the secole of the requirements of section 607.0401 r 617.0401, F.S. I further certify that when filing the irremation indicated on this application is true of section 607.0401 of 617.0401, F.S. I further certify that when filing the corporate name satisfies the requirements of section 607.0401 of 617.0401, F.S. I further certify that when filing the corporate name satisfies the requirements of section 607.0401 of 617.0401, F.S. that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true of accurate, and my signature shall have the same legal effect as if made under of the section for the reserve of the information indicated on this application is true of accurate, and my signature shall have the same legal effect as if made under of the reserve of the section for discource of the		s and Street A		l/or Director (Flo	orida nonpre							
VP       Gonzalez, Angel       4905 SW 74 Ct       Miami, FL 33155         T       Cobo, Arturo       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         Image: State of the state		Officers and/or Directors			4004	O	fficer and/or Directo				· ·	
T       Cobo, Arturo       4905 SW 74 Ct       Miami, FL 33155         S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155 <sup>10</sup> E-mail Address: attomeysescrow@bellsouth.net         (To be used for future annual report notification)         11.       1 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 region for dissolution has been eliminately, 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under certify.         SIGNATURE:       Miami, FL 33155					······································						)	
S       Gazquez, Jesus       4905 SW 74 Ct       Miami, FL 33155         10. E-mail Address: attorneysescrow@bellsouth.net		-										
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SIGNATURE 2001 2010 305 629 3100	11, 1 certify this rein owed by	that I am an istatement ap y the corporat	officer or director or the receiv plication, the reason for disso	/er or trustee en lution has been	powered to	o execute the corp	this application as portion as portion as portion of the second sec	provided for in chi the requirements	of section 607.0401 or 617.040 nd my signature shall have the si	1, F.S., ti ame lega	hat all fees Il effect as if	
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