

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000031085 1. Entity Name LOO ELECTRIC CORPORATION					
Principal Place of Business 6350 WEST 22 CT., #204 HIALEAH, FL 33016			Mailing Address 6350 WEST 22 CT., #204 HIALEAH, FL 33016		
2. Principal Place of Business 8420 SW 2 ST Suite, Apt. #, etc.		3. Mailing Address 8420 SW 2 ST Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 APR 15 11:24</div> <div style="font-size: 0.8em; margin-bottom: 10px;">CLERK OF THE CIRCUIT COURT</div> <div style="font-size: 0.8em;">PALM BEACH COUNTY, FLORIDA</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 10px;"> 04142005 REIN-P CR2E098 (6/04) </div>	
City & State MIAMI FL		City & State MIAMI FL			
Zip 33144		Zip 33144			
Country		Country			
4. FEI Number 01-0639197				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOO, SIMON M 6350 WEST 22 CT., #204 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name (ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable) 8420 SW 2 ST City MIAMI FL Zip Code 33144		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LOO, SIMON M 6350 WEST 22 CT., #204 HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS ONLY 8420 SW 2 ST MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054241854 05/11/05--01009--007 **300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					