

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # PO2000107781

1. Corporation Name

American Overseas Devices Corp.

2. Principal Office Address - No P.O. Box #

6980 NW 186 St

Suite, Apt. #, etc.

Suite 317

City & State

Miami Florida

Zip

33015

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Berta M Sanders CPA

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

5781 B NW 151 street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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 AgentBerta M Sanders CPA

REGISTERED AGENT MUST SIGN

Date 12-21-07

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
<u>Pres</u>	<u>Carlos Mario Lopez</u>	<u>6980 NW 186 St #317</u>	<u>Miami FL: 33015</u>
<u>Sec</u>	<u>Raul H. Medina</u>	<u>6980 NW 186 St #317</u>	<u>Miami FL: 33015</u>
<u>Alt. Pres.</u>	<u>Jaime A. Medina</u>	<u>6980 NW 186 St #317</u>	<u>Miami FL: 33015</u>
<u>D</u>	<u>Orlando Reyes Haker</u>	<u>6980 NW 186 St #317</u>	<u>Miami FL: 33015</u>
<u>D</u>	<u>Mauricio Sombano</u>	<u>6980 NW 186 St #317</u>	<u>Miami FL: 33015</u>

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 contained in Chapter 119, 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

Date

Daytime Phone #

12-21-07 (305-7664087)70 1/3

FILED

07 DEC 27 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100113436951
12/27/07--01030--006 **308.75

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida10/07/2002

5. FEI Number

542079426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in 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 fee be waived.