

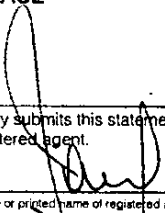
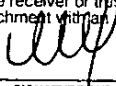


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000126463</b> 1. Entity Name <b>DISTRIBUIDORA DE MATERIALES ELECTRICOS DE ALTA TENSION, DISMATECA, CORP.</b>			<b>FILED</b> 05 NOV 28 AM 10:59 REINSTATEMENT T. Roberts NOV 29 2005 
Principal Place of Business <b>11619 SW 90 TERRACE MIAMI, FL 33172</b>		Mailing Address <b>11619 SW 90 TERRACE MIAMI, FL 33172</b>	
2. Principal Place of Business <b>1110 BRICKELL AVE Suite, Apt. #, etc. 800</b>		3. Mailing Address <b>1110 BRICKELL Suite, Apt. #, etc. 800</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33131</b>		Zip <b>33131</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PALACIO, GALO- 11619 SW 90 TERRACE MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>MARIO PARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 BRICKELL AVE SUITE 800</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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:  DATE: <b>11/23/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		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	PD MORILLO, ADELIS 15434 SW. 71ST. ST MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORILLO, ADELIS 155 OCEAN LN. DR #100 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORILLO, OSCAR 15434 SW. 71ST. ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORILLO, OSCAR 155 OCEAN LN DR 100 KEY BISCAYNE, FL 33149
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: 		Date: <b>11/23/05</b>	