

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN -6 11 9:45

STATE
SECRETARY OF STATE

DOCUMENT # *P02000131062*

1. Corporation Name

ELGAMA INTERNATIONAL ELECTRONIC, INC.

W0400031210

2. Principal Office Address

3558 N. UNIVERSITY DRIVE

3. Mailing Office Address

3558 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/11/2002

5. FEI Number

04-3762126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELSY MAESTRE

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

3558 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Date

REGISTERED AGENT MUST SIGN

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	EINSTEIN DURAN	3558 N. UNIVERSITY DRIVE	CORAL SPRINGS, FL. 33065
VP	ELSY MAESTRE	3558 N. UNIVERSITY DRIVE	CORAL SPRINGS, FL. 33065

300055829003
*06/06/05--01055--020 **1200.00*

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]

ELSY MAESTRE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/02/05

Daytime Phone #

CR2E081 (01/05)