

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 18 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130049

1. Limited Liability Company's Name

Speed Power Communications, Inc

100156510691  
05/28/09--01017--009 \*\*450.00

REINSTATEMENT 07-09KS

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

8180 NW 36 ST

Suite, Apt. #, etc.

Suite 239

City & State

Miami - FL

Zip

33166

Country

3. Mailing Office Address

8180 NW 36 ST

Suite, Apt. #, etc.

Suite 239

City & State

Miami - FL

Zip

33166

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

11/12/2003

6. FEI Number

043779643

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Libio Calejo

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

8180 NW 36 ST

Suite, Apt. #, Etc.

Suite 239

City

Miami

State

FL

Zip Code

33166

☒ A \$100 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 \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

[Signature]

Date 5/21/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| S      | Ruben Mateo                          | 8180 NW 36 ST, Suite 239                          | Miami, FL 33166    |
| P      | Jesus Sole                           | 8180 NW 36 ST, Suite 239                          | Miami, FL 33166    |
| VP     | Ivonne Porcel                        | 8180 NW 36 ST, Suite 239                          | Miami, FL 33166    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

[Signature]

Date 5/21/09

Daytime Phone# 305-994-9500

Typed or printed name of signing Managing Member/Manager