

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000008802

1. Corporation Name

MASTECH ELECTRONICS, INC.

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

3390 Mary Street

Suite, Apt. #, etc.

City & State

Coconut Grove, Florida

Zip

33133

Country

USA

3. Mailing Office Address

3390 Mary Street

Suite, Apt. #, etc.

City & State

Coconut Grove, Florida

Zip

33133

Country

USA

7. Name and Address of Current Registered Agent

Name

WILLIAM ROZELLI, PA

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

901 BRICKEL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

William Rozelli

Date 04/18/2013

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	FERRO, WARREN	13305 SW 104 TER	MIAMI, FLORIDA 33186
VP/T	MOREIRA, CARLOS	2332 GALIANO STREET	CORAL GABLES, FLORIDA 33134
S	BLANCO, HERMES	11 NE 204 STREET	MIAMI, FLORIDA 33178
			S. HAWKES
			APR 29 2013
			EXAMINER

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2013

3054428239

Date

Daytime Phone #

FILED
13 APR 25 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/12/2004

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

800247222278
04/25/13--01009--013 **1050.00