


Attachment 1 of 2

**2009 FOR PROFIT CORPORATION
REINSTATEMENT**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -8 AM 9:55

DOCUMENT # P07000033729					
1. Entity Name INDUSTRIAL ELECTRIC SISTENG, INC.					
Principal Place of Business 12490 SW 97 ST MIAMI, FL 33186			Mailing Address 12490 SW 97 ST MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAAD, SALVADOR 12490 SW 97 ST MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAAD, SALVADOR		NAME	900157013953	
STREET ADDRESS	12490 SW 97 ST		STREET ADDRESS	06/11/09--01006--018 **150.00	
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP	04/08/08 90014001 \$150.00	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

JANUARY 21, 2009.

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: INDUSTRIAL ELECTRIC
SISTENG, INC.
FEIN 20-8749955
DOCUMENT NUMBER:P07000033729**

Dear Sirs:

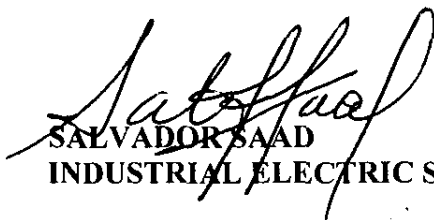
We recently realized **INDUSTRIAL ELECTRIC SISTENG, INC.**
is inactive by Administration Dissolution for Annual Report.

We are sending photocopy of cashed check sent you along with the Annual Uniform
Business Report (period 2008) for **INDUSTRIAL ELECTRIC SISTENG, INC.**
Those were sent you on April 08, 2008. The check was cashed on May 2008 .

Please I am requesting to waive the penalties and reinstate our Corporation.

Thank you very much for your attention to this matter.

Sincerely,


**SALVADOR SAAD
INDUSTRIAL ELECTRIC SISTENG, INC.**