PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

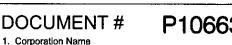
DIVISION OF CORPORATIONS

SEURETARY OF STATE DIVISION OF CORPORATIONS

01 JUN 28 PM 3:50

NSTATEWENT

AFFLICATION
FOR
REINSTATEMENT



ı	JNITRONICS	CORPOR	ATION	NW
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Country

Principal	Place	OI I	busin	ess	

Mailing Address

3650 HACIENDA BLVD

3650 HACIENDA BLVD

SUITE H

STE H

FT. LAUDERDALE FL 33314

FT. LAUDERDALE FL 33314

Zip

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Ţ. ----2.00 City & State City & State

Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED [

59-2684045

\$8.75 Additional Fee required

			— for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip			
PD	GONZALEZ, ARNALDO	%AV CIRCUMVALCION DELSOL	CARACAS, VENEZUELA			
SD	ROJAS, RAUL	AVE. FRAN. BILBAO, 2168	SANTIAGO, CHILE			
Ţ	WINTER, JORGE	AVE. FRAN. BILBAO, 2168	SANTAGOO, CHILE 8000044676981			
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~			V			

Country

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301

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

3650 HACIEUDA Blub.

CARDONA

Suite, Apt. #, Etc.

FT. LAURENDALE

State Zip Code 33314

ration, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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., 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: