PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 29 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # P93000029400

1. Corporation Name

DEPOT ELECTRIC CORP.

Principal Place of Business	Mailing Address
11500 SW 143RD CT MIAMI FL 33186	11500 SW 143RD CT MIAMI FL 33186

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.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/21/1993

5. FEI Number: 65-0410582 — Applied For: ☐ Not Applicable: ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida non profit 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 4
DP	GONZALEZ, FRANCISCO J	11500 SW 143RD CT	MIAMI FL 33186
VS	GONZALEZ, FRANCISCO J	11500 SW 143RD CT	MIAMI FL 33186
T	RODERIGUEZ, JOSE	11500 SW 143RD CT	MIAMI FL 33186
		100030398891 03/15/04--01012--020 **300.00	
		100030398891 03/24/04--01032--017 **500.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GONZALEZ, FRANCISCO J 11500 SW 143RD CT MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 1/9/04

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 607.0901, 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.

RECEIVED
MAR 01 2004
REVENUE
DBPR

SIGNATURE: [signature] FRANCISCO J GONZALEZ 1/9/04 305-387-4059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064579 AV