

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 JAN -3 AM 10:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000029672

1. Corporation Name

ONE WAY ELECTRIC, INC.

Principal Place of Business

2910 SW 121 AVE MIAMI FL 33175 US

Mailing Address

2910 SW 121 AVE MIAMI FL 33175 US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1993

5. FEI Number

65-0407647

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Garcia, Orestes C, Garcia, Maria A, Cline, Lester E, and Torres, Orestes L.

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8. Name and Address of Current Registered Agent

GARCIA, ORESTES C 2910 SW 121 AVE MIAMI FL 33175

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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.

Signature of Registered Agent

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 12/20/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: [Signature] President 12/20/99 (305) 222-1557 Daytime Phone #

KE