APPLICATION FOR .  REINSTATEMENT Sandra B. Mortham Secretary of State DIVISIONOLI CORPONATIONS  DOCUMENT # PAYCOCO 22840  1. Corporation Name  UNITED ELECTRONICS CORP.  Maining Address  2/136 N.W. QHTH Are.  Habove addresses are incorrect in any way. Inred through incorrect information and order correction below.  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses are incorrected in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses or incorrect in any way. Inred through incorrect information and order correction below.  REINSTATEMENT 9  If above addresses or incorrect information and order correction below.  REINSTATEMENT 9  If above addresses or incorrect information and order correction below.  REINSTATEMENT 9  If above addresses or incorrect information and order correction below.  REINSTATEMENT 9  If above addresses or incorrect information and order correction below.  REINSTATEMENT 9  If above addresses or incorrect information and order correction below.  If above addresses or incorrect information and order correction below.  If above addresses or incorrect in any way. Inred through incorrect information	
REINSTATEMENT  Secretary of State DIVISION-OF CORPONATIONS  DOCUMENT # P94000022840  1. Corporation Name UNITED ELECTRONICS CORP.  Principal Place of Business 2136 N.W. 247H Are. History address are incorrect in any way, kne through incorrect information and enfer correction below. History address Inapplicable AS ABOVE  Suite, Apt. 4, etc.  REINSTATEMENT  REINSTATEMENT  REINSTATEMENT  AD Date incorporated or Qualified To Do Business in Fiction 29 - 94  Suite, Apt. 4, etc.  City & State  City & State  Country  T. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  RES. FRIC (ASS)  REINSTATEMENT  SECRETARY UF STATE TALLAHASSEE, FLORIDA  A Date incorporated or Qualified To Do Business in Fiction  29 - 94  5. FEI Number  To Do Business in Fiction  SO DO	
DOCUMENT # P94000022840  1. Corporation Name  UNITED ELECTRONICS CORP  Principal Place of Business  2/36 N.W. B4TH Are.  History Flore of Mailing Address  2/36 N.W. B4TH Are.  History Flore of Business  3/36 N.W. B4TH Are.  History Flore of Business  2. New Principal Office Address, If Applicable  Suffe, Apl. 4, etc.  1. Applicable of Designess of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REINSTATEMENT  REINSTATEMENT  REINSTATEMENT  Applied For Table (Applied For Suffice Address, If Applied For Not Applied For Suffice Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  RES. FRIC KASSN   PRO HAWTHORNE Are.  Mamin DEACH TABLE  2010115-008	
1. Corporation Name  UNITED ELECTRONICS CORP.  SECRETARY DIF STATE TALL AHASSEE, FLORIDA  Principal Place of Business  Al 36 N.W. 24 TH Are.  Hi above addresses are incorrect in any way, line through incorrect information and enfer correction below.  1. New Principal Office Address of Agriculture Assister  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State  Country  Cou	
Principal Place of Business  2   306 N.W. Q.4 TH Are.  Hamn i Fuorida 33/42  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address. If Applicable SMME AS NOVE  Sulle, Apl. #, etc.  City & State  Title(s) 2   Country   C	
Principal Place of Business  2   36	
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If above addresses are incorrect in any way, line through incorrect information and onfer correction below.   2. New Principal Office Address, If Applicable   3. New Mailing Office Address, If Applicable   4. Date incorporated or Qualified   10. Do Business in Florida   29 - 94	
2. New Principal Office Address. If Applicable Suite, April 4. Date Incorporated or Qualified To Do Business in Florida  Suite, April 4. etc.  Suite, April 5. FEI Number  For a Certificate of Status  To a Certificate of Status  Title(s)  Suite, April 4. etc.  Suite, April 5. etc.  Suite, April 6. etc.  Suit	
Suite, Apt. #, etc.  Suite, Ap	
City & State  City & State  City & State  City & State  Country  C	
Zip Country  Certificate of Status desired  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Title(s)  PRES. FRIC KASSI)  ASO HAWTHORNE FOR DIVISION WHITE ACH LA 33  PRES. FRIC KASSI)  ASO HAWTHORNE FOR DIVISION WHITE ACH LA 33  PRES. FRIC KASSI)  ASO HAWTHORNE FOR DIVISION WHITE ACH LA 33  TITLE STATUS DESIRED  Street Addresses of Each Officer and/or Directors of Each Officer and/or Director and/or Directo	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Title(s)  PRES. FRIC HASSIN  ABO HAMTHORIE  TOTAL ASSIN  Additional Fee require for a Certificate of Status  Officer and/or Directors  (Do NOT Use Post Office Box Numbers)  ACH TASSIN  ABO HAMTHORIE  TOTAL ASSIN  ADDITIONAL ASSI	
Title(s)   2   Name of Officers and/or Directors   Street Address of Each Officer and/or Director   3 (Do NOT Use Post Office Box Numbers)   4 -01/15/98/501115-007	
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 -01/15/38-01115-007  PRES. FRIC KASSIN M80 HANTHORNE ACE. MAMI BEACH LA 33  20002402322-6 -01/15/98-01115-008	]
PRES. ERIC KASSIN DASO HALSTHORNE FLE. MIAMI BEACH FLA 33 200002402322-6 -01/15/98-01115-008	
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-01/15/9801115008	
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name	iĝ
ERIC KASSIN Street Address (P.O. Box Number is Not Acceptable)	12/2
7980 Hawthor re Chancel Suite, Apt. #, Etc.	CR2E040 (12/96)
City State   Zip Code	
rnam Black, PS. / 33/4/	
10. I, being appointed the registered agent of the above names corporation atm familiar with and accept the obligations of Section 607.0505, F.S.  Signature of	
Registered Agent Date Date Date Date	 
11. Does this corporation day any intengible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No	
12. 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 and have the same legal effect as if made under oath.	
SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Dato Dato Daylime Phone #	