PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900041365619
09/27/04--01043--003 **900.00

DOCUMENT # P94000048137

1. Corporation Name
ELECTRO-ACTEL, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
80 SW 8TH ST.	80 SW 8TH ST.
Suite, Apt. #, etc.: STE 2045	Suite, Apt. #, etc.: STE 2045
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33130 Country: USA	Zip: 33130 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0509188 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: PAIVA, LEO

Street Address (P.O. Box Number is Not Acceptable): 80 SW 8TH ST.

Suite, Apt. #, Etc.: STE 2045

City: MIAMI State: FL Zip Code: 33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: ✓ [signature] Date: ✓ 9/22/04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	PAIVA, LEO	80 SW 8TH ST. #2045	MIAMI FL. 33130

10. 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 607.1401 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] ✓ 9/22/04 ✓ 305-377-8220

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