PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9	RPORATION ISTATEMENT	Secret	ARTMENT OF STATE tary of State of Corporations			FILE			
DOCUMENT # P9400051093  1. Corporation Name					2006 JUN 19 AM 9: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
RNB ELECTRICAL CORP.						THEATHAUTE,	FLO	RIDA	
	70 SW 30 St	3. Mailing Office Add	me		CR2E081 (12/05)				
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7/11/1994				
City & State Mian	ni, Fl. 33175	City & State	City & State		5. FEI Number 650503657 Applied For Not Applicable				
Zip	Country	Zip	Country	6.			Iditional F	ee required	
7. Name and Address of Current Registered Agent									
	Rafael Nin 600076633336								
	Street Address (P.O. Box Number is N	Street	.17 <del>00</del>	TUOCE DUT A	, NGT WA	.00			
Suite, Apt. #, Etc.									
•	ciy Miami,		State <b>FL</b>	/ / / / / / /					
8. It 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 Date 6-17-06									
FEGISTERED AGENT MUST SIGN  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				
PD	Rafael Nin		14170 SW 30 Street		Miami, Fl. 33175				
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				(D)	6	20104			
			REMOTAT	EXENT	00	TOU			
			B action a con a						
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 filling 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 marries of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daylime Phone #									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									

Poperote

## RNB ELECTRICAL CORP. 14170 SW 30 Street Miami, FL 33175

June 12, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: RNB Electrical Corp. Document # P000051093

To whom it may concern:

The following is to respectfully request that the reinstatement fee be waived since we moved and we did not receive any the annual report notices. We did not receive notices since 2002, in overall, for the years 2002, 2003, 2004, 2005 and 2006. As a matter of fact we are changing the address of record. As a result, we inadvertently missed the dateline to inform the department that the corporation was still active.

Thanks, for your assistance on this matter.

If you have any questions feel free to contact us at your earliest convenience.

Sincerely,

Rafael Nin

President