PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TO PLEASE READ ALL INSTRUCTIONS BEFORE READ ALL

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED OI MAY 31 AM II: 10 SECRETARY OF STATE
DOCUMENT # P940 1. Corporation Name ARE ELECTRICE	Juc	TALLAHASSEE, FLORIDA
2. Principal Office Address 920 INDIAINA AVE Suite, Apt. #, etc.	3. Mailing Office Address 920 INDIANA A VG Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State FT CAUDENDALE TT. Zip Country 33312 BROWND	City & State FT LANDERDALE F/- Zip Country 48 33312 PLOWARD	To Do Business in Florida 5. FEI Number CSOSO3033 Not Applied For Not Applicable S8.75 Additional Fee required for a Certificate of Status
Name EVEKTON LUBDOCK Street Address (P.O. Box Number is Not Acceptable) 920 INDIANA AVE. 61.25 AR Suite, Apt. #, Etc. State Zip Code FL: 333/Z		
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 REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors	/or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo	h City / State / Zin
D EVERTON RUDDOR P20 INSIANA AVO. FI CAMBEDATE P1.3531. D TERNIFER QUISDOR 920 INSIANA AVO. FI CAMBEDATE P1.3531. 6000044254161 -06/18/0101125017 ***1650.00 ***1650.00		
FERSTATE PENT (S. C.)		
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 607.0401 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		