PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P95000015203

1. Corporation Name

GUZDEL INTERNATIONAL ELECTRICAL CORP.

Mailing Address

- THERREL BAISDEN & MEYER WEISS 1111 LINXEN-80: MALL. SUITE 500 MANN BEACH FL 33739 N-THERREL BAISDEN & MERET WESS 1111 LINCOLNED HALL SUITE 500 MINES BEACH FL 33137 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					MEIM	OIVI PILIT	للنحيين والأواد	17 40 -	
		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. Suite, Apt. #, 7538 N.W. 8th Street 7538 I City & State City & State		. V. 8 th Street Plorida Country		5. FEI Numbe		lied For Applicable			
				6. CERTIFICATE OF STATUS DESIRED					
				1	tions must list at k	east 3 directors)			n militar
7. Names and Street Addresses of Each Officer and/or Director (Flor Title(s) 1 2 Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip				
-O- WEED, THOUTON A-			-4-110-0000 10-10-10-10-10-10-10-10-10-10-10-10-10-1						
P GUZMAN, ENRIQUE			14780 S.W. 98TH Avenue			Mismi, Florida 33176			
D/VP DELGADO DE ORAMAS, JOSE			3170 S.W.	118th^Ave	inue	Mismi, Florida 33175			
S DELGADO DE ORAMAS, MONICA			3170 S.W. 118th Avenue			Miami, Flori	da 33175		
•						1	0000201		- -1
							****3A377	71-27-2	11:35
	8. Nan	ne and Address of Currer	t Registered Age	ent		9. Name and Address of New Registered Agent			
WOO	D, RICHARI	D A					RAMAS, JOSE	·	
1111 LINCOLN RD. MALL					ess (P.O. Box Number is Not Acceptable) 538 N.W. 8th Street				
	E 500				Suite, Apt. #, E	tc.			45.44
••••	AI BEACH F				City M1 4			State Zip Code	26
10. I, being Signature o Registered	of _	ne registered agent of the a	do de	oration and an illar w	Ith and accept the	obligations of Sec	Date	0.96	2)5
11. Do	pes this ept. of R	corporation pay levenue under S	any intang 3. 199.032,	gible tax to th Florida Stat	ne utes. Ye:	s 🗆 No 🎗	(See other	r side for informat Intangible tax.)	lon
12. I certify	that tam an	officer or director or the re-	ceiver or trustoe er	mpowered to execute n eliminated, the corp	this application a orate name satisfi	s provided for in cl es the requiremen	napter 607 or 617, F.S. I full ts of section 607.0401 or 6	rthor certify that w	hen filing t all fees

12. I certify that I arm 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 him this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, 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:

MINATURE AND TYPED OFFRITED NAME OF SIGNATO OFFICER OR DIRECTOR

11-10-96

Daytime Phone #