PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ary of State CORPORATION P95000036223 97 FEB 25 AM 11: 44 DOCUMENT # SECRETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name MUNDO ELECTRONICS Mailing Address Principal Place of Business Same . 5531 NW 72 ame MIAMI FL 33166 96-97 OLD If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0593*1*53 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 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 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Coral gables fl 33156 President 1501 Bella vista ane Hasson HIJAZI A. 1341 Lugo Au Corolgobles LL 33156 ADNAN HIJAZI Abbos Kassem 33129 33/29 340 SW 26 Kd 300002098873--02/26/97--01092--004 ****365.00 ****365.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Abbas kassem Street Address (P.O. Box Number is Not Acceptable) 340SW 26Rd Suite, Apt. #, Etc. MixMi FL 33129 State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Leb 17-97 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Nol 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 shall have the same legal effect as if made under oath. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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