PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY -7 PM 1:26

TALLAHASSEE, FLORIDA

DOCUMENT # P95000092463

1. Corporation Name: Space, Energy, Time Saving (SETS) Systems, Inc.

Principal Place of Business: 6900 N.W. 72 Avenue, Miami, Florida 33166

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/1996

5. FEI Number: 650623572 — Applied For / Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Carlos Cabrera	6900 N.W 72 Ave	Miami FL 33166
V.P	Jerry Morahita	Miami, FL 33166	Miami FL 33166
		6900 N.W 72 Ave	
		Miami FL 33166	

000292883291--2
-05/24/99--01005--011
****900.00 ****900.00

REINSTATEMENT 98-99 AR 5/13/99

8. Name and Address of Current Registered Agent
Elizabeth Smachetti
9712 SW 1 ST
Miami FL 33174

9. Name and Address of New Registered Agent
Name: Rosa Cabrera
Street Address (P.O. Box Number is Not Acceptable): 45 West 49 St
Suite, Apt. #, Etc.
City: Hialeah | State: FL | Zip Code: 33012

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: [signature] REGISTERED AGENT MUST SIGN — Date: 5/5/98

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

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] Pres — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carlos Cabrera

5/5/98 Date

305 [illegible] Daytime Phone #

CR2E081 (2-98)