

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000092670**

1. Corporation Name

NATIONAL ELECTRONIC TECHNOLOGIES, INC.

07/31/01 90011/26 #550

200011788292

02/04/03--01075--016 **508.75

2. Principal Office Address

12249 SW 14 LANE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#1206

Suite, Apt. #, etc.

7

City & State

MIAMI, FL

City & State

7

Zip

Country

33184-2869

USA

Zip

Country

7

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1995

5. FEI Number

65-0629105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$9.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DAVID FLOR

Street Address (P.O. Box Number is Not Acceptable)

12249 SW 14 LANE

Suite, Apt. #, Etc.

1206

City

MIAMI

State

FL

Zip Code

33184-2869

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/27/03**

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
D	FLOR, DAVID	12249 S.W. 14 LN, #1206	MIAMI, FL 33184-2869
P.T	GARCELL, JORGE	9800 N.W. 10TH ST.	Pembroke Pines, FL 33024
V-S	VIDAL, JOSE	9800 N.W. 10TH ST.	Pembroke Pines, FL 33024

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]

DAVID FLOR - D

01/27/03

305-554-0200

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)