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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 18 AM 11:01

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000021931

1. Corporation Name
AUTO ELECTRON PLUS CO.
8115 N.W. 103RD ST
HIALEAH GARDENS FL 33016

REINSTATEMENT 07-01

2. Principal Office Address	3. Mailing Office Address
9500 N.W. 79th AVEN	SAME
Suite, Apt. #, etc. BAY # 7 & 8	Suite, Apt. #, etc.
City & State HIALEAH GARDENS FLORIDA	City & State
Zip 33016 Country DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/11/1996

5. FEI Number 65-0654063 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional if required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: HECTOR VITTONI
Street Address (P.O. Box Number is Not Acceptable): 4900 N.W. 79th AVENUE
Suite, Apt. #, Etc.: 102
City: MIAMI State: FL Zip Code: 33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: X _____ Date: 9-18-01
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HECTOR VITTONI	4900 N.W. 79th AVE #102	MIAMI FL 33166
VD	CESAR IGLESIAS	281 N.W. 122nd AVEN	MIAMI FL 33182

10. I certify that I am an officer or director of 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: _____ 9-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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AD

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

AUTO ELECTRON PLUS CO.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,358.75