

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUN 22 PM 3:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P960000 39500**

1. Corporation Name:

ASCUNCE ELECTRIC, INC.

Principal Place of Business Mailing Address

**4160 SW 97 COURT
 MIAMI, FL 33165**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

MAY 8, 1996

5. FEI Number

65-0666241

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MARIO Colon	4160 SW 97 COURT MIAMI, FL 33165	300002571253--7 -06/24/98--01064--017 ****900.00 ****900.00
VP	MARIO Luis Colon	7897 SW 101 STREET MIAMI, FL 33156	300002571253--7 -06/24/98--01064--018 *****8.75 *****8.75
S	LAZARO ALVAREZ	4160 SW 97 COURT MIAMI, FL 33165	
REINSTATEMENT			97-98 50 6-22-98

8. Name and Address of Current Registered Agent

**MARIO Colon
 4160 SW 97 COURT
 MIAMI, FL 33165**

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** 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

(Signature)
MARIO Colon
 REGISTERED AGENT MUST SIGN

Date **06/20/98**

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature)
MARIO Colon
 Date **06/20/98**

305-228-8466
 305-321-6165

Date Daytime Phone #