

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 14 AM 8:06

DOCUMENT # P96000054895

1. Corporation Name

TRANSWORLD ELECTRONICS, INC.

**FILING CANCELLED
RETURNED CHECK**

REINSTATEMENT 06-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
7440 North Kendall Drive

3. Mailing Office Address

7440 North Kendall Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
06/27/1996

5. FEI Number

☒ x

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE LOPEZ

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

901 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

100243614941
01/14/13--01007--012 **1800.00

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

Jose Lopez
REGISTERED AGENT MUST SIGN

Date 12/28/2012

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
P	GOMEZ, JORGE	41 LEJEUNE RD	MIAMI, FL 33142
VP/S	VERGARA, LUISA	41 LEJEUNE RD	MIAMI, FL 33142
T	HERNANDEZ, ANIEL	41 LEJEUNE RD	MIAMI, FL 33142

10. E-mail Address:

jjg@transworld.com

(To be used for future annual report notification)

JAN 14 2013

11. 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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Jorge Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2012

305-233-1201

Date

Daytime Phone #