## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B, Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED P96000071703 DOCUMENT # 00 MAR 27 PM 12: 55 1. Corporation Name SECRETARY OF STATE GERMAN BATTERIES AND TRADING, INC. TALLAHASSEE, FLORIDA -6928 Principal Place of Business Mailing Address 7855 NW 29-ST 7855 NW 29 3T STE 150 . -STE-150---MIAMI FL 33122 MIAMI FL 33122 HS HS 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 Date Incorporated or Qualified 8025 To Do Business in Florida Νω 08/19/1996 Suite, Apt. #, etc. 5. FEI Number ... Applied For-65-0691629 Not Applicable \$8.75 Additional Fee required Country Country Zip 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip . Title(s) and/or Directors <del>XXXXXXXXXXXXXXXXXXXXXXXXX</del> <u>P</u>,\_ D 434 Alcazar Avenue Gonzalez, Ana Maria <u>CoralGables, FL 33134</u> S,T,D Gonzalez, Rolando 434 Alcazar Avenue Coral Gables, FL 33134 000003195990-<del>04/04/00--01100--023</del> \*\*\*1058.75 \*\*\*1058.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name BETZ. GILBERT C ESQ. Street Address (P.O. Box Number is Not Acceptable) 2025 S.W. 32ND AVENUE Suite, Apt. #, Etc. SUITE 120 **MIAMI FL 33145** City Zip Code State 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. REQUIRED Date 22 Mar 04 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 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.

Rolando Gonzalez, Secfetary/Treasurer

Daytime Phone #

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OFNICER OR DIRECTOR