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FILED
SECRETARY OF STATE
CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 JAN 23 AM 11:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000093702

1. Corporation Name
PRO ELECTRONIC CORP.

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
9428 NW 13 St	Same
Suite, Apt. #, etc. Bay 53	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33172 / Country U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 10/31/97

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.75 Additional Fee required for Certified Copy

7. Name and Address of Current Registered Agent

Name: HENRY CRESPIN

Street Address (P.O. Box Number is Not Acceptable): 9428 NW 13 St

Suite, Apt. #, Etc.: Bay 53

City: MIAMI | State: FL | Zip Code: 33172

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: X Henry Crespin Date: 01/18/01

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
P/T	HENRY CRESPIN	9428 NW 13 St Bay 53	MIAMI, FL 33172
			AD

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: X Henry Crespin 01/18/01 (305) 592-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

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

CORPORATION REINSTATEMENT

PRO ELECTRONIC CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75