

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059244

1. Corporation Name

Stingone Electric INC.

2. Principal Office Address

9601 SW 152nd Ave Suite 101

Suite, Apt. #, etc.

City & State

Miami Fla 33189

Zip

33189

Country

America

3. Mailing Office Address

31801 SW 195 Ave.

Suite, Apt. #, etc.

City & State

Homestead Fla 33030

Zip

33030

Country

America

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

6-30-98

5. FEI Number

650-84-7136

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

Peter Hockman

900003743599-8

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

633 N. Krome Ave

02/20/01-01084-017

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

[Signature]

Date 12/22/00

REGISTERED AGENT MUST SIGN

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 |
|---------------|--------------------------------------|---|----------------------|
| Presi. | Gustavo Lima | 9601 SW 152nd Ave. Miami Fla 33196 | Miami, Fla 33196 |
| Vice Pres. | Anthony Stingone | 31801 SW 195 Ave. | Homestead Fla. 33030 |
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10. 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] Anthony Stingone

Date

12-22-00 3052424796

Daytime Phone #

CR2E081 (9/99)