1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

(((H02000196568 8)))

DOCUMENT # P99000079532

FILED
02 SEP 18 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-02

1. Corporation Name

SETRONIX, INC.

2. Principal Office Address	3. Mailing Office Address
11103 NW 7TH ST.	3636 SW 87TH AVE.
Suite, Apt. #, etc.: #102	Suite, Apt. #, etc.:
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33172 Country: U.S.A.	Zip: 33165 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09/08/1999

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HORTENSIA LANDA

Street Address (P.O. Box Number is Not Acceptable): 11103 NW 7TH ST.

Suite, Apt. #, Etc.: #102

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 _____ Date: 9/18/02

REGISTERED AGENT MUST SIGN

CR2E061 (8/01)

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
PD	CARLOS A. FLORES	TORRES CAPRILES, PISO 3#305 APARTADO POSTAL 54534	CARACAS, VENEZUELA
VP	MELIDA HERRERA	TORRES CAPRILES, PISO 3#305 APARTADO POSTAL 54534	CARACAS, VENEZUELA

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: _____ CARLOS A. FLORES 9/17/02 (305) 436-0830 X 311

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
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

SETRONIX, INC.

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