PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 23 AM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004562691--7
-08/23/01--01094--001
****908.75 ****900.00
908.75

DOCUMENT # P99000111137

1. Corporation Name
DADE ELECTRIC AND ELECTRONIC SERVICES, INC

2. Principal Office Address	3. Mailing Office Address
10845 SW 112 AVE	SAME
Suite, Apt. #, etc. APT # 301	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33176 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-28-99

5. FEI Number: 65-0971755 ☐ 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: PABLO HUMBERTO LLANES
Street Address (P.O. Box Number is Not Acceptable): 10845 SW 112 AVE
Suite, Apt. #, Etc.: APT # 301
City: MIAMI, FLORIDA State: FL Zip Code: 33176

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: 8/22/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PABLO H LLANES	10845 SW 112 AVE	MIAMI, FL - 33176
D	HUBERTO LLANES	48 NW 58 CT	MIAMI, FL - 33126
			REINSTATEMENT 00-01 MW

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: HUBERTO LLANES [signature] 8/22/01 (305) 710-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DADE ELECTRIC AND ELECTRONIC SERVICES, (Corporation Name) (Document #)
2. INC. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

[ ] Walk in [X] Pick up time 2:00 [ ] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

RECEIVED
01 AUG 23 AM 10:46
DIVISION OF CORPORATION

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
X	Reinstatement
	Trademark
	Other

Examiner's Initials