PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION	ΩF	CORPORATIONS	
DIVIDION	Q.	CONTROLLED	•

DOCUMENT # 5 33 03 1 1. Corporation Name
Electronic Import Export Luc.
3232 NW 12 AVE

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MUGRETARY OF STATE TALLAHASSEE, FLORIDA

SAME			REINST	ATEME	NT93-6	17					
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	through incorrect information and enter 3. New Mailing Office Address, I		Date Incorpora	ated or Qualified	/						
Suite, Apt. #. etc	Suite, Apt. #. etc.	No. organ	···· To Do Busines		2/20/	71					
			5. FEI Number Applied For								
City & State	City & State		65-0	24713		Not Applicable					
Zip Country	Zip Count	try	CERTIFICATE O	OF STATUS DESIRED		nal Fee required cate of Status					
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)											
Title(s) Name of Officers and/or Directors	O	freet Address of Each officer and/or Director Use Post Office Box Nu	or City / State / Zip								
2 1/ 0	dea 6440	NW 10	Place	PARKIA	Nd, F,	1 33000					
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		A STATE OF THE STA		1300m	· · · · · · · · · · · · · · · · · · ·						
8. Name and Address of Curre		Name	9. Name and Address of New Registered Agent Name								
Heutor Pieder 6440 NW 17 F PARKLAND, FI	9 Place 1 33016	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				CR2E040 (1279					
Ω		City PARKLAND State Zip Cade TL 330									
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. Signature of Registered Agent Agent Registered Reg											
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)											
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.											
SIGNATURE: SIGNATURE AND TIPED OR	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	۵	27/97 Date	(300)SS 3	3-2211					