APPLIC		`	A DEPARTME <b>Sandra B. Mo</b>	:NT OF STATE				
FOR Secretary of State REINSTATEMENT SHOWS OF CORPORATIONS					FILED			
DOCUMENT # V10872					97 JAN -2 PM 3:36			
1. Corporation Name					SECRETARY OF STATE			
P & P ELECTRONICS CORP.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Bu	usiness	Mailing Addr	ess					
217 S.E. 1ST ST 217 S.E.								
BELLE GLADE FL 33430 BELLE GLADE FL 33430								
lé abaux addraga				r an amoutle in the law.	RFIN	STATEMI	ENT ON D	
If above addresses are incorrect in any way, line through inc.  2. New Principal Office Address, If Applicable 3. N			New Mailing Office Address, If Applicable		Date Incorporate     To Do Busin	orated or Qualified ness in Florida	02/03/1992	
Suite, Apt. #, etc.	<del></del>	Suite, Apt. #,	Suite, Apt. #, etc.		5, FEI Number		Applied For	
City & State		City & State	City & State		65-0345700 Not Applicable			
Zip	Country	Zip	Count	try	6. CERTIFICATE	E OF STATUS DESIRED [	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Stree	et Addresses of Each Officer and	/or Director (Flo		rations must list at least treet Address of Each	st 3 directors)			
Title(s)	Name of Officers and/or Directors				City / State / Zip			
V VILLASANA, FRANCISCO			323 WEST OBISPO AVENUE			CLEWISTON FL 33440		
*		<del>-</del>						
				<u> </u>	<u></u>			
	P.				0000020485306   -01/07/9701112010			
				<u>-</u>	<del></del> .	****375.1		
			,					
						NBI-	2-97	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
VILLASANA, FRANCISCO					·	·····		
323 WEST OBISPO AVE.					at Address (P.O. Box Number is Not Acceptable)			
CLEWISTON FL 33440								
				City			State Zip Code	
	ed the registered agent of the abo	ATTECH THE IN		vith and accept the ob	ligations of Secti	on 607.0505, F.S.	AS P	
Signature of Registered Agent	Afrances Res 12	とくしょう。 EGISTERED AG	ENT MUST SIGN	a. To describe		Date ( <u>) 2</u>	4- 96	
11. Does th Dept. of	is corporation pay a Revenue under S.	any intang 199.032,	jible tax to tl Florida Sta	ne tutes. Yes	□ No □		er side for information intangible tax.)	
this reinstatement owed by the corp	an officer or director or the rece tt application, the reason for diss poration have been paid and the in is true and accurate, and my s	olution has been names of individ	eliminated, the com luals listed on this fo	orate name satisfies to from do not qualify for a	the requirements an exemption und	of section 607,0401 or 6	17.0401, F.S., that all fees	
SIGNATURE:	SIGNATURE AND TYPED OR PE	ンび(を	S C C C S S S S S S S S S S S S S S S S	DIRECTOR	12- 5	Date	Daytime Phone #	