PLEASE READ A	ALL INSTRUCTION	S BEFORE C	COMPLETING THIS FORMED		
APPLICATION A FOR AU	FLORIDA DEPARTM Sandra B. M	ENT OF STATE	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
REINSTATEMENT	Secretary o		1998 MAR -4 PM 3: 53		
1/0/17	DIVISION OF CORE	PORATIONS			
DOCUMENT # V 26789			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
NTU ELECTRONICS INC.			- LONDA		
Principal Place of Business Mailing Address					
10551 72ND ST.					
LARGO, FL 33777					
If phove addragees are incorrect in any way line thro	and incorrect information and ent	er correction below			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apl. #, etc.	Suite, Apt. #, etc.		APRIL, 1992		
City & State	City & State		59-311 8576 Applied For Not Applicable		
Zip Country	Zip Cou	ntry	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/o	or Director (Florida generofit com	orations must list at lea	tor a definition of Status		
Title(s) Name of Officers Street Address of Each Officer and/or Director City / State / Zip					
1 3 (Do NOT Use Post Office Box Nur			lumbers) 4		
PRES TIMOTHY WU 7533 DREW OAKS			DR. SEMINOLE, FL. 33772		
			000000		
		<u>K</u>	EINSTATEMENT WAS UPS		
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent		
7/MOTHY VVU. 10551 72 NO ST N Street Address					
		Street Address (P	Street Address (P.O. Box Number is Not Acceptable) 1000024498015		
LARGO, FC, 33777		Suite, Apt. #, Etc.	Suite, Apt. #, Etc03/09/9801002-0003		
		City	※※第1050 . 00 ※※第1050 . 00 State Zip Code FL		
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 Date 3/3/98 REGISTERED AGENT MUST SIGN					
11. This corporation ewes or has paid the current year Intangible Personal Property tax due June 30. Yes X No \(\sum_{\text{No }} \sum_{\text{on intangible tax.}} \) (See other side for information on intangible tax.)					
12. Accertify 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 filling 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: X Simular 2/23/98 (813) 544-2122					
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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