


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 22 5:11:21

DOCUMENT # P95000058011

1. Corporation Name Shago Electric Inc.
10061 SW 145 Terr.

2. Principal Office Address
10061 SW 145 Terr.

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33176

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 7-27-1995

5. FEI Number 65-0601324

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

JA
REINSTATEMENT 04-05
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name Juan Carlos Ferrer

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave. # 1400

Suite, Apt. #, Etc.

City Miami

State FL Zip Code 33131

400061438914
11/22/05--01083--009 **158.75

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 Juan C. Ferrer Date 11-11-05

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
Pres.	<u>Sanhago Garcia</u>	<u>10061 SW 145 Terr</u>	<u>Miami, FL 33176</u>
Sec.	<u>Sanhago Garcia</u>	↓	↓
Treasurer	<u>Sanhago Garcia</u>	↓	↓
Vice-Pres.	<u>Lizette Ferrer-Garcia</u>	↓	↓
			<u>400061438914</u> <u>11/15/05--01046--003 **758.75</u>

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: Lizette Ferrer-Garcia 11/11/05 (305) 232-4760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #