

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

02 JAN 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **D-00000015385**

1. Limited Liability Company's Name

ELECTRONIC SOLUTIONS, LLC.
Global

2. Principal Office Address

7035 N.W. 50TH ST.

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI, FL.

Zip

33166

Country

USA.

3. Mailing Office Address

7035 N.W. 50TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

USA.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

12/13/2000

6. FEI Number

65-1104038

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Ayda Patricia Badal

Street Address (P.O. Box Number is Not Acceptable)

625 WESTWARD DR.

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33166

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Ayda Patricia Badal

REGISTERED AGENT MUST SIGN

Date

01/08/02

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

President Ayda Patricia Badal

625 WESTWARD DR.

MIAMI, FL. 33166

REINSTATEMENT 2001-2002

I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Ayda Patricia Badal

Date

01/08/02

Daytime Phone #

305-477-6300

Typed or printed name of signing Managing Member/Manager

Ayda Patricia Badal