

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PRSP 10/22

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000030113

1. Corporation Name

INTEGRATED BUSINESS TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

18900 N.E. 5TH AVE.
MIAMI FL 33179

18900 N.E. 5TH AVE.
MIAMI FL 33179

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2000

5. FEI Number

65-0997243

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate 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

Street Address of Each
Officer and/or Director

City / State / Zip

D

ABREU, ELVIS

18900 N.E. 5TH AVE.

MIAMI FL 33179

D

FIGUEROA, PEDRO

18900 N.E. 5TH AVE.

MIAMI FL 33015

000008594700
10/25/02--01066--018 **150.00

02 UPL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABREU, ELVIS
18900 N.E. 5TH AVE.
MIAMI FL 33179

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-02

11. 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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

305-249-0428

Daytime Phone #

PAGE 2 of 2

To: Florida Department of State
Division Of Corporations
P.O Box 6327
Tallahassee, Florida 32314

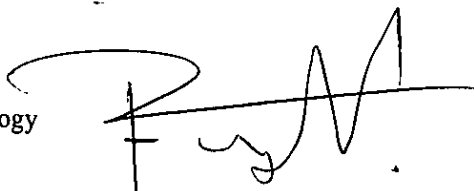
Dear Sir:

Please be advised that the Uniform Business Report for the year 2002 was not received in the mail. We apologize since we constantly have problems with the mail.

Along with this letter we are sending the application for reinstatement and a check for \$150.00.

Thank you in advance for your patient and gratitude.

Pedro Figueroa
Integrated Business Technology
18900 NE 5th. Avenue
Miami, FL 33179

A handwritten signature in black ink, appearing to read 'Pedro Figueroa', written over a horizontal line.