

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -5 AM 10:27

DOCUMENT # P00000057650

1. Corporation Name

Executive Business Services, Inc.

2. Principal Office Address

14001 SW 100th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

13701 N. Kendall DR.

Suite, Apt. #, etc.

#306

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/6/00

5. FEI Number

65-1025582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria Luisa Fernandez

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

14001 SW 100th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

04/14/03

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
P/C	Pedro Barros	14001 SW 100th Ave	Miami, FL 33176
S/T/D	Maria Luisa Fernandez	14001 SW 100th Ave	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 08/2003

Date

305-382-2112

Daytime Phone #

CR2E081 (10/02)

5/9/03