

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 8:50

DOCUMENT # P01000011428

1. Corporation Name

ELECTRONIC TECHNOLOGY SOLUTIONS, INC.

SECRETARY OF STATE
20000833442
11/12/02-01103-002 **150.00

Principal Place of Business

1398 NORTHWEST 127TH DRIVE
FORT LAUDERDALE FL 33323

Mailing Address

1398 NORTHWEST 127TH DRIVE
FORT LAUDERDALE FL 33323



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2001

5. FEI Number

65-1079331

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	FERNANDEZ, JOSE M	1398 NORTHWEST 127TH DRIVE	FORT LAUDERDALE FL 33323
PSTD	FERNANDEZ, JOSE M	1398 NORTHWEST 127TH DRIVE	FORT LAUDERDALE FL 33323

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Christine M Ohlin
Street Address (P.O. Box Number is Not Acceptable)
440 E Sample Road
Suite, Apt. #, Etc. Suite 202
City Pompano Beach
State FL Zip Code 33064

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 REQUIRED

Date

10-25-02

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02

Date

954-658-2713

Daytime Phone #

CR2E040 (8/02)