

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 27 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000038505

1. Corporation Name

I ball Solutions, Inc.

2. Principal Office Address

1730 South Federal Hwy

Suite, Apt. #, etc.

#193

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/3/02

5. FEI Number

04-3652080

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

Adam Silva

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

12195 NW 24th Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

[Signature]

Date

5/18/04

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
CEO	<u>Adam Silva</u>	<u>12195 NW 24th Street</u>	<u>Coral Springs, FL 33065</u>
President	<u>Howard Minsky</u>	<u>8423 Boca Glades Blvd E</u>	<u>Boca Raton, FL 33434</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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04 954-818-9248

Date

Daytime Phone #

CR2E081 (01/04)

Iballsolutions, Inc.

Payer

May 21, 2004

To Whom It May Concern,

We did not receive the 2003 form because of a change of address. Please waive the \$600 reinstatement fee and process the attached check for \$300 to maintain iballsolutions, Inc as an active corporation. Thank you in advance.

Sincerely,

Adam Silva
iballsolutions, Inc.