

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000115196

1. Corporation Name

EASTERN BASIN TECHNOLOGY, INC.

2. Principal Office Address

750 N.W. 45 AVENUE

Suite, Apt. #, etc.

#28

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

750 N.W. 45 AVENUE

Suite, Apt. #, etc.

#28

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

400024297574
10/31/03--01007--004 **158.75
20-0334605

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

AURELIO A. PIEDRA, CPA

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

780 N.W. LE JEUNE RD.

Suite, Apt. #, Etc.

SUITE 516

City

MIAMI

State

FL

Zip Code

33126

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

Date 10-28-03

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
P	CARLOS PEÑAFIEL	750 N.W. 45 AVENUE #28	MIAMI, FLORIDA 33126
VP	CARLOS PEÑAFIEL	SAME	SAME
TREAS	CARLOS PEÑAFIEL	SAME	SAME
SEC	CARLOS PEÑAFIEL	SAME	SAME

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: X.

CESAR DEL REY /SHARE 10-28-03 305-443-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

October 15, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

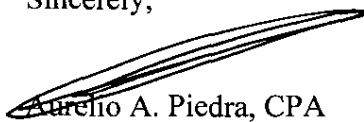
RE: EASTERN BASIN TECHNOLOGY, INC.
P02000115196

Enclosed you shall find a check in the amount of \$158.75. As per our telephone conversation please note that we never received the annual report for the above mentioned company. The owner individual was out of the country and was never notified.

Please abate penalties and update your records to correct address stated on annual report.

Thanking you in advance for your cooperation.

Sincerely,



Aurelio A. Piedra, CPA

AAP/dci