

2009 AL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 APR 17 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000101560

1. Corporation Name

AJB GLOBETEC CONSULTING, INC.

2. Principal Office Address - No P.O. Box #

3663 SW 8TH STREET STE 200

3. Mailing Office Address

3663 SW 8TH STREET STE 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, Florida

City &amp; State

Miami, Florida

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/2003

5. FEI Number  
200230617

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

Roland Sanchez-Medina Jr.

Street Address (P.O. Box Number is Not Acceptable)  
2333 Ponce De Leon Blvd.Suite, Apt. #, Etc.  
Suite 302

City

Coral Gables

State  
FLZip Code  
33134☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 April 2, 2009

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
MCB	Alfredo Balsera	3663 SW 8th Street Ste.200	Miami, Florida 33135

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 contained in Chapter 119, 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

Date

4/5/09

Daytime Phone #

4/21/09