

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 29 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002195

1. Corporation Name ELECTRONIC SALES CENTER, INC.

**7891 WEST FLAGLER STREET SUITE
MIAMI, FLORIDA 33144**

100005729411--7
-06/10/02--01082--017
***1358.75 ***1358.75

**2. Principal Office Address
7891 WEST FLAGLER STREET**

3. Mailing Office Address

Same

Suite, Apt. #, etc.
257

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip Country
33144 U.S.

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida 01/02/1997**

5. FEI Number 26-0006163

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

MARK CLEMENT

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

7891 WEST FLAGLER STREET

Suite, Apt. #, Etc.

257

City

MIAMI

State
FL

Zip Code
33144

1200.00 - Adm

61.25 - AR

88.75 - ARSUP

8.75 - Cert

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

Mark Clement

REGISTERED AGENT MUST SIGN

Date **05/23/2002**

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
PRES	MARK CLEMENT	7891 WEST FLAGLER STREET 257	MIAMI, FLORIDA 33144
V-PRES	MARK CLEMENT	7891 WEST FLAGLER STREET 257	MIAMI, FLORIDA 33144
SECT	MARK CLEMENT	7891 WEST FLAGLER STREET 257	MIAMI, FLORIDA 33144
TREA	MARK CLEMENT	7891 WEST FLAGLER STREET 257	MIAMI, FLORIDA 33144

REINSTATEMENT

98-02

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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:

Mark Clement

05/23/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/99)