PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(H00000045377)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 28 AM 9:00

DOCUMENT # P97000010022

1 Corporation Name

Electronics Business Solutions, Inc.

REINSTATEMENT 98-00

Principal Place of Business	Mailing Address
7365 SW 33 Street Miami, FL 33155	

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

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
10411 SW 108 Ave	
Suite Apt #, etc D-151	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33176 / Country US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/31/97

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Chair man	Costa Jose Constantin	10411 SW 108 Ave	Miami, FL 33176
Asst. Chair	Tony Constantin	10411 SW 108 Ave	Miami, FL 33176
Pres	Hanan A. Constantin	10411 SW 108 Ave	Miami, FL 33176
Vice Pres	Victoria I. Constantin	10411 SW 108 Ave	Miami, FL 33176
Asst. Pres	Najib Nicolas	10411 SW 108 Ave	Miami, FL 33176
Secy	Tony Costa	10411 SW 108 Ave	Miami, FL 33176

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Rodriguez, Jesus 7365 SW 33 St. Miami, FL 33155 US	Name: Costa Jose Constantin Street Address (P.O. Box Number is Not Acceptable): 10411 SW 108 Ave Suite, Apt. #, Etc.: D-151 City: Miami / State: FL / Zip Code: 33176

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.

Signature of Registered Agent: Costa Jose Constantin Date: 01/27/2000
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12 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.

AD

SIGNATURE: Costa Jose Constantin 01/26/2000 800-986-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(H00000045377)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : INTERLINK TRADE & COMMERCE., CORP.
Account Number : I19990000277
Phone : (800)986-3620
Fax Number : (800)988-0199

CORPORATION REINSTATEMENT

ELECTRONICS BUSINESS SOLUTIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75