

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 NOV -8 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053827

1. Corporation Name

EBF Technologies, Inc

2. Principal Office Address

3050 Biscayne Blvd

Suite, Apt. #, etc.

#6004

City & State

Miami FL

Zip

33137

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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

4/16/98

5. FEI Number

65-0845796

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

Erik Flitman

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

1245 NE 90th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

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**

REGISTERED AGENT MUST SIGN

Date

11/6/01

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.	ERIK FLITMAN	1245 NE 90th St	Miami FL 33138

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/01 3055737483

November 6, 2001

Fl. Dept. of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Please find enclosed our corporation reinstatement application and the \$150.00 filing fee. EBF Technologies, Document#P98000053827, was dissolved on 9/21/01 because the annual report was not received. However, your offices informed me that the forms were returned by the post office to you and that is why we never received them or were able to file them.

Please contact me if you have any questions.

Thank you

Wendy Feliz
EBF Technologies
305-573-7483