

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002952

1. Corporation Name

ELECTRONIC SOLUTIONS, INC.

Principal Place of Business

110 E. REYNOLDS ST.
004
PLANT CITY FL 33566

Mailing Address

110 E. REYNOLDS ST.
004
PLANT CITY FL 33566

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

2. New Principal Office Address, If Applicable

ELECTRONIC SOLUTIONS, INC.
Suite, Apt. #, etc.
806 WOODROW WILSON ST. #3

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

PLANT CITY FLORIDA

City & State

Zip

33563

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1999

5. FEI Number

59-3564274

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
D	AMBROS, ROBERT	2814 BARRET AVE.	PLANT CITY FL 33567
D	AMBROS, WILLIAM	2814 BARRET AVE.	PLANT CITY FL 33567
	ELECTRONIC SOLUTIONS, INC. 806 WOODROW WILSON ST. #3 PLANT CITY, FL 33563		

8. Name and Address of Current Registered Agent

AMBROS, WILLIAM
2814 BARRET AVE.
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William Ambros REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-25-02

11. 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:

William Ambros REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 207 0425

CR2E040 (8/02)

Memo

Date: 10/25/2002

To: BILL AMBROS
From: Dept. Of State
Subject: UBR notice not received.

Dear Sirs: We did not received the prior UBR notices.

Sincerely,

A handwritten signature in cursive script, appearing to read "William Ambros".

William Ambros