

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 JUL 19 PH 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018387

1. Corporation Name

Information Business Solutions, Inc.

000006627750--0
-07/24/02--01054--014
****300.00 ****300.00

2. Principal Office Address

1801 Pineview Drive

3. Mailing Office Address

7925 NW 12th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

318

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/98

City & State

Verona, WI

City & State

Miami, FL

5. FEI Number

65-0856939

Applied For

Not Applicable

Zip

53593

Country

USA

Zip

33126

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Rivera

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

7925 NW 12th St.

Suite, Apt. #, Etc.

318

City

Miami

State

FL

Zip Code

33126

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

Carlos A. Rivera

Date

7-3-02

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
P, T, VP, S	Carlos Rivera	7925 NW 12th St #318 Miami, FL 33126	Miami, FL 33126

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:

Carlos A. Rivera Carlos A. Rivera

Date

7-3-02

Daytime Phone #

608-848-9117

21 7/19/02

**TAX MANAGEMENT SERVICES CORPORATION
7925 NW 12TH STREET SUITE 318
MIAMI, FL 33126
305-470-7504**

July 15, 2002

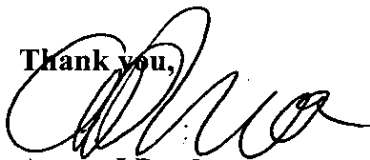
**Florida Department of State
Division of Corporations
Tallahassee, Fl 32399**

**Ref: Information Business Solutions, Inc.
Doc.#P98000018387**

To Whom It May Concern:

We are writing this letter on behalf of our client, Information Business Solutions, Inc., whose Uniform Business Report was never received during the year 2001. There was a change of address since the end of the year 2000 and the reports were never sent to the correct address. We have enclosed a reinstatement with the fees due for 2001 and 2002. We ask that you please waive the penalty because the reports were never received. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,



Arena J Prado