

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL -3 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060815

1. Corporation Name

Electronic Information Services, Inc.

2. Principal Office Address

908 SE 16<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

2000-2002 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

July 7, 1999

5. FEI Number

65-0945973

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

Business Filings Incorporated

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

1000 West Avenue

Suite, Apt. #, Etc.

Suite 1114

City

Miami Beach

State

FL

Zip Code

33139

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

*[Signature]*

Richard Oster, V.P.

REGISTERED AGENT MUST SIGN

Date 3-12-02

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
President	Ryan Clement	908 SE 16 <sup>th</sup> Street	Deerfield Beach, FL 33441

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]*  
Ryan Clement

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

(954) 725-8629

Daytime Phone #

CR2E081 (9/01)



2082

March 5, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed you will find a Corporation Reinstatement form. There was much confusion on this as I thought that this was the responsibility of my Registered Agent and did not receive any notifications from you as you have my corporate street name as 908 SW 16<sup>th</sup> Street instead of 908 SE 16<sup>th</sup> Street. With this in mind, I request that you waive the late fees assessed. I have enclosed a check for \$450.00 to bring my status current, plus an additional \$8.75 for a Certificate of Status.

The correct business address is as follows:

Electronic Information Services, Inc.  
908 SE 16<sup>th</sup> Street  
Deerfield Beach, FL 33441

If you have any questions, please feel contact me at (954) 725-8629.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ryan Clement', is written over a horizontal line.

Ryan Clement