

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION FOR 2000 UBR



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

FILED

00 OCT 24 PM 1:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000048648

1. Corporation Name

GET IT DONE SERVICES, INC.

Principal Place of Business

Mailing Address

4920 NW 86 AVENUE LAUDERHILL FL 33351

4920 NW 86 AVENUE LAUDERHILL FL 33351

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

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0931656

Not Applicable

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PSD, GIAGNACOVA, RICHARD D, 4920 NW 86 AVENUE, LAUDERHILL FL 33351.

200003483682-3 -12/01/00--01087--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAMMER, EDWIN L 7481 W OAKLAND PARK BLVD #102 LAUDERHILL FL 33319

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State, 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.

Signature of Registered Agent

Edwin L Cramer REGISTERED AGENT MUST SIGN

Date 10/20/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-000

Daytime Phone #

CR2ED40 (8/00)

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GET IT DONE ! SERVICES INC.

4920 N.W. 86 AVE. LAUDERHILL, FL 33351-5401
TELE. (954) 270-4818 FAX. (954) 748-4818

FLORIDA DEPT. OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314
ATT: KATHERINE HARRIS,
RE: DOC. # P99000048648

10/20/2000

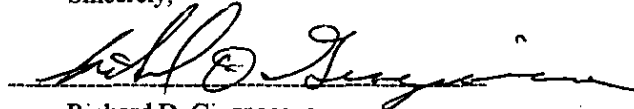
DISSOLUTION OF CORP. -GET IT DONE SERVICES, INC.

MADAME SECRETARY as of the second week of October I, Richard D. Giagnacova , received notice of the dissolution of my corporation by your office by way of a computer generated Packet. I have received no prior notice, nor has my agent of record. I understand that there was supposed to have been two prior notifications of the possibility of such an action by your agency.

I humbly ask for the possibility of review for my situation and submit my check for reinstatement.

Thank you very much for your consideration,

Sincerely,



Richard D. Giagnacova