

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR 2000 UBR



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

FILED

00 NOV 13 PH 5:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000051607

1. Corporation Name

AK BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

2360 WILTON DR., LOT 32 WILTON MANORS FL 33305

2360 WILTON DR., LOT 32 WILTON MANORS FL 33305



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

05/24/00 90164 017 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0938977

Applied For

Not Applicable

City & State

City & State

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: President, AMIE KOVAL, 2360 WILTON DR Lot 32, Ft. Lauderdale, FL 33305

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOVAL, AMIE 2360 WILTON DR., LOT 32 WILTON MANORS FL 33305

Form for New Registered Agent with fields for Name, Street Address, Suite, City, State (FL), and 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: Amie Koval, Date: 11/1/00, REGISTERED AGENT MUST SIGN

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: Amie Koval, AMIE KOVAL, 11/1/00 954-563-6508, Daytime Phone #

CR2E040 (8/00)



Business Services, Inc.
P.O. Box 70282
Ft. Lauderdale, FL 33307-0282

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November 1, 2000


To: Florida Department of State

Re: Document # P99000051607

To Whom It May Concern:

I would like to have my corporation name restored to active status and the reinstatement fee waived. Your office cashed my check number 105, in the amount of \$150.00 on June 1, 2000. It seems that there was an error in the delivery of my mail, as I had not received a notice from your office telling me that there was a problem with the way the form was filled out. So, please find enclosed my form correctly filled out.

I appreciated your attention to this matter.


Amie Koval
President