

DOCUMENT # J17215

AUTOMATED BUSINESS SYSTEMS INC.

2101 N ANDREWS AVE #206

FT LAUDERDALE FLORIDA

33311

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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**\$8.75 Additional Fee required  
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
RESIDENT R. AGENT	IAN FOREMAN.	2101 N. ANDREWS AVE #206 FT LAUDERDALE FLORIDA 33311	
			400002406774--2 -01/21/98--01074--007 ****500.00 ****500.00
			400002406774--2 -01/21/98--01074--008 ****500.00 ****500.00
			<div style="text-align: right;"> <b>REINSTATEMENT</b>  <i>93-98</i>  <i>1/16/98</i> </div>
			400002406774--2 -01/21/98--01074--009

# REINSTATEMENT

9. Name and Address of \*\*\*Registered Agent\*\*\* 500.00

IAN FOREMAN.  
2101 N. ANDREWS AVE # 206  
FT LAUDERDALE  
FLORIDA 33311

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

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 I Foreman

REGISTERED AGENT MUST SIGN

Date 1-7-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: I Foreman IAN FOREMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98  
Date

954 396 4933  
Daytime Phone #