LE CIRL CO., ELLE HIGGERIO E C. E. I. APPLICATION (FLORIDA DEPARTMENT OF STATE FOR U. DITISION OF CORPORATIONS REINSTATEMENT FILED DOCUMENT# ゴ17215 1. Corporation Name AUTOMATED BUSINESS SYSTEMS I'C. 98 JAN 16 AM II: 07 N98-575 Principal Place of Business SECRETALLY OF STATE TALLAHASSEL, FLORIDA Mailing Address 2101 NAMPREWS AVE # 206 FT LAUDERPALE FLORIPA. If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59 267 68 09 Not Applicable \$8.75 Additional Fee required φĺρ Country Country CERTIFICATE OF STATUS DESIRED X 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 2101 N. ANDREWS AVE # 206 Kesidev FT LANDERPACE FLORIDA 33311 400002406774 01/21/98--01074--007 ***500.00 ****500.00 -01/21/98--01074--003 8. Name and Address of Current Registered Agent
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2101 N. ANDREWS AVE # 206 Name Street Address (P.O. Box Number is Not Acceptable) FT LAUDERPALE 400002406774 Suite. Apt. #, Etc. -01/21/98---01074---010 Floreiga . 33311 City 10. It 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 REGISTERED AGENT MUST SIGN Date 1-7-98 (See other side for additional information.) 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information Yes 🛂 No on intangible tax.) I do hereby certify that the information supplied with this filling 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 filling this reinstalement 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 less 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 1-7-98 954 396 4933 Date Daytime Phone # TAN FOR EMAN INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: