

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 NOV -4 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002699

1. Corporation Name

AMERICAS BUSINESS LINK

2. Principal Office Address - No P.O. Box #

1410 20 STREET

Suite, Apt. #, etc.

216

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1410 20 STREET

Suite, Apt. #, etc.

216

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/2008

5. FEI Number

61-1348760

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

Whitney Belker

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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]*

REGISTERED AGENT MUST SIGN

Date 10/28/2008

**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
mgr	WHITNEY BELKER	1410 20 STREET, SUITE 216	MIAMI BEACH, FL 33139

000137493460  
10/30/08--01047--001 \*\*138.75

**REINSTATEMENT** 08 1AL

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 contained in Chapter 119, 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]*

WHITNEY BELKER

10/28/2008

305-534-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #