

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
99 SEP 30 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M80937

1. Corporation Name  
SERVICES BY AI, INC.

Principal Place of Business Mailing Address  
203 N. 59<sup>TH</sup> AVENUE P.O. BOX 551035  
Hollywood, FL 33021 FORT LAUDERDALE  
FL 33355-1035

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 89-99

4. Date Incorporated or Qualified To Do Business in Florida 05/11/1988

5. FEI Number

65-0041105

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	ELIEZER DE LA CRUZ	203 N. 59 <sup>TH</sup> AVENUE Hollywood, FL 33021	Hollywood, FL 33021
V/S/T/D	ADA E. DE LA CRUZ	203 N. 59 <sup>TH</sup> AVENUE	Hollywood, FL 33021
D	LOURDES DE LA CRUZ	203 N. 59 <sup>TH</sup> AVENUE	Hollywood, FL 33021

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-10/06/99--01062--002  
\*\*\*1983.75 \*\*\*1983.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELIEZER DE LA CRUZ  
203 N. 59<sup>TH</sup> AVENUE  
Hollywood, FL 33021

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*Eliezer de la Cruz*  
REGISTERED AGENT MUST SIGN

Date 09/25/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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: X

*Eliezer de la Cruz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/99

Date

954-961-KE5  
Daytime Phone #

CR2E081 (12/98)