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## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 200000 97790

1. Corporation Name

MEGA BUSINESS SERVICES, ENC.

FILED

02 APR 22 PH 3: 59

SECRETARY OF STATE TALLAHASSEE, FLORING

			Ψ'	
2. Principal Office Address 1051 Collins AV	3. Mailing Office A	ddress	·	0100
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	<u></u>	$\bigcup$
101			4. Date Incorporated or Qualified To Do Business in Florida	-17-00
City & State .	City & State			
Mismi BEACH, F			5. FEI Number 65 - 105 7008	Applied For Not Applicable
Zip Country V.S.A	Zip	Country	c	8.75 Additional Fee required for a Certificate of Status
	<u> </u>	and Address of Current Re	egistered Agent	
Name LORENA	VILLAVEDDE		50000546	1845 4
Street Address (P.O. Box Number is Not Acceptable)		-US/Ub/UZ^ ****300.0	-01045-014 0 ****100.00	
Suite, Apt. #, Etc.		-		
City Mistu	BEACH		State Zip Code FL 336	9
8. I, being appointed the registered agent	of the above named exporation,	am familiar with and accep	ot the obligations of section 607.0505 or 617.0503. F	.S.
Signature of	67/-			~?

Registered	AgentREGISTERED AG	Date 04-19- 02.		
9. Names	s and Street Addresses of Each Officer and/or Director (Flo	orida 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	
OWNER	LORENA VILLAVERDE	1051 collins AU # 101	Kisoci Ban, FC. 33139.	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*0*4-19-02

CRZE081 (9/01)

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04/01/02

To: Florida Department of State

**Division of Corporations** 

Uniform Business Reports Filing From: Mega Business Services, Inc.

Tax Id: 651052008

Address: 1051 Collins Ave # 101

Miami Beach Fl 33139 Phone: (305) 672-4415 Fax: (305) 672-4747

I am writing this letter on behalf off my company, Mega Business Services, Inc to let you know that as I tried to set up my sales tax number today, to my biggest surprise the corporation was deactivated. I was unaware of such procedures for being a foreigner and not knowing exactly all the rules and procedures of a corporation. In addition, I never received any kind of notice because the corporation still have my old address of 1000 West Ave Suite 712 Miami Beach Fl 33139. The proper and new address is indicated on top of the letter. I am now in the process of setting up everything and I would like to reactivated the corporation and also get a break on the very hard penalty hence this is my first mistake and I truly and sincerely apologize for that. Please try to take care of this situation for me; I really would like to get the corporation up and running. Looking forward to hear from you soon.

Thank you in advance for your cooperation.

Sincerely

Lorena Villaverde

President of Mega Business Services, Inc

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