


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000098499</b> 1. Entity Name <b>FEDERAL BUSINESS SOLUTIONS, INC.</b>						<b>FILED</b> <b>05 JAN -4 PM 3:03</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1001 E SAMPLE RD</b> <b>8W</b> <b>POMPAÑO BEACH, FL 33064</b>				Mailing Address <b>1001 E SAMPLE RD</b> <b>8W</b> <b>POMPAÑO BEACH, FL 33064</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>65-1047750</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DEKANTER, LILLIAN C</b> <b>1001 E SAMPLE RD #8W</b> <b>POMPAÑO BEACH, FL 33064</b>				7. Name and Address of New Registered Agent Name <b>MARCHAND Marina</b> Street Address (P.O. Box Number's Not Acceptable) <b>1001 E. SAMPLE ROAD # 8W.</b> City <b>Pompano Beach</b> FL      Zip Code <b>33064</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Marina Marchand</i> DATE <b>11-15-2004</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEKANTER, LILLIAN C		NAME				
STREET ADDRESS	1001 E SAMPLE RD #8W		STREET ADDRESS				
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Lillian C Dekanter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>11-15-2004</b> Daytime Phone # <b>954 942-3345</b>			