

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P000000 98499.

1. Corporation Name

FEDERAL BUSINESS SOLUTIONS, INC.

FILED  
03 DEC 12 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 03

900025465489  
12/12/03--01068--001 \*\*158.75

2. Principal Office Address

1001 E. SAMPLE RD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

8W

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2000

5. FEI Number

65-1047750

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

Lillian C. Dekanter

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

1001 E. SAMPLE RD #8W

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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

Lillian C. Dekanter

REGISTERED AGENT MUST SIGN

Date 12/11/03.

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
P/D	Lillian C. Dekanter	1001 E. SAMPLE RD #8W	Pompano Beach, FL 33064

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:

Lillian C. Dekanter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/2003  
Date

Daytime Phone #

(954)  
942-3345

CR2E081 (10/02)

**FEDERAL BUSINESS SOLUTIONS, INC**  
**1001 E SAMPLE ROAD - SUITE 8W**  
**POMPANO BEACH, FL 33064**

**TEL: (954) 942-3345**

**FAX: (954) 942-3348**

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DECEMBER 11, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

RE : DOCUMENT NO. P00000098499

We wish to reinstate our corporation with the Florida Secretary of State. We became aware of Administrative Dissolution through an independent source but we want to inform you that we never received the original renewal for the UNIFORM BUSINESS REPORT. (Please note our new address captioned above.)

We are forwarding to you our check in the amount of \$158.75 to cover the annual filing fee of \$150.00 plus \$8.75 to cover the Certificate of Status.

Thank you for our attention to this matter.

Please contact the undersigned if there is anything further.

Yours truly,



Lillian Dekanter  
President-Director