

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000021726

1. Corporation Name

EB2BSERVICES.ORG, INC.

Principal Place of Business

199 OCEAN LANE DRIVE #1012  
KEY BISCAYNE FL 33149

Mailing Address

199 OCEAN LANE DRIVE #1012  
KEY BISCAYNE FL 33149

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

456 Palm Drive

City & State

Oviedo, Florida

Zip

32765

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

456 Palm Drive

City & State

Oviedo, Florida

Zip

32765

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2001

5. FEI Number

65-1140450

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	GONZALEZ, RODOLFO E	199 OCEAN LANE DRIVE #1012 456 Palm Drive	KEY BISCAYNE FL 33149 Oviedo, FL 32765
D	GONZALEZ, RODOLFO E	199 OCEAN LANE DRIVE #1012 456 Palm Drive	KEY BISCAYNE FL 33149 Oviedo FL 32765

8. Name and Address of Current Registered Agent

GONZALEZ, RODOLFO E

~~199 OCEAN LANE DRIVE #1012~~ ~~456 Palm Drive~~  
~~KEY BISCAYNE FL 33149~~ Oviedo, FL 32765

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/06/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/02 3057981654

CR2040 (8/02)