

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
07 DEC 20 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12-26-07

DOCUMENT # P01000051710

1. Corporation Name

Small Business Information Technology, Inc.

2. Principal Office Address - No P.O. Box #

19140 NW 23 PI

3. Mailing Office Address

19140 NW 23 PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/2001

5. FEI Number

65-1136877

☐ 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

Villoria, Gustavo A.

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

19140 NW 23 PI

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 17DEC2007

REGISTERED AGENT MUST SIGN

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
D	Villoria, Gustavo A.	19140 NW 23 PI	Pembroke Pines FL-33029

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 contained in Chapter 119, 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

17DEC2007

Date

954-431-1328

Daytime Phone #