

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 10F2

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR -9 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

P01000057536

ST SMALL BUSINESS SERVICES, INC.

W0600009715

600067970666  
03/16/06--01013--020 \*\*600.00

**2. Principal Office Address**

1189-1 NW 13<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

BOCA RATON, FL - Same

Zip

33486

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Same

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

651116044

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

EUGENIA TECA

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

1189-1 NW 13<sup>th</sup> Street

Suite, Apt. #, Etc.

City

BOCA RATON FL

State

FL

Zip Code

33486

**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

Eugenia Teca

REGISTERED AGENT MUST SIGN

Date

2/14/06

**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
Pres	EUGENIA TECA	1189-1 NW 13 <sup>th</sup> Street	Boca Raton, FL 33486

**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:**

Eugenia Teca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

Date

(954) 804-7179

Daytime Phone #

CR2E081 (01/05)

Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

**SUBJECT:** **APPLICATION FOR REINSTATEMENT**

**TAXPAYER:** **JT Small Business Services, Inc.**

**FEI NUMBER:** **65-1116044**

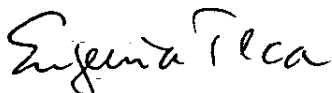
Dear Sir or Madam:

I respectfully request a waiver of the Reinstatement Fee for reasonable cause. I was unaware of an annual filing requirement. In addition, the corporate offices moved during the year of dissolution and never received a copy of the Uniform Business Report nor did I receive the second notice. The new address is:

**1189-1 NW 13<sup>th</sup> Street  
Boca Raton, FL 33486**

I am attaching a check for \$900.00 for reinstatement of the corporation as an active corporation. Please update your records for the new corporate address. If you have any questions, please call me.

Very truly yours,



Eugenia Teca  
President  
(954) 804-7179