

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000073139**

1. Corporation Name

BUSINESS LINKS USA, INC

FILED

03 OCT 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

568 JUNIPER PLACE
WELLINGTON FL 33414

Mailing Address

568 JUNIPER PLACE
WELLINGTON FL 33414

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

5. FEI Number

65-1121966

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
D	BRINKMANN, TRACI	568 JUNIPER PLACE	WELLINGTON FL 33414

900024063969

10/24/03--01011--014 **158.75

10/29

8. Name and Address of Current Registered Agent

BRINKMANN, TRACI
568 JUNIPER PLACE
WELLINGTON FL 33414

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

Traci L. Brinkmann

REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

Traci L. Brinkmann Traci L. Brinkmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03 561-667-0393

Date

Daytime Phone #

CR2040 (7/03)


Business Links USA, Inc.
Traci Brinkmann
568 Juniper Place
Wellington, Fl. 33414
561-667-0393

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

To Whom it may concern:

I have just received a notice of dissolution of my company, Business Links USA, Inc. due to non filing of my UBR or Annual report. As a new business owner I have been unaware of what either of these items were and have not received any notification of such reports. I would have filed the reports had I known of them and apologize for the inconvenience this may have caused. I am now taking measures to make sure that I myself receive any and all paperwork regarding the corporation so all filings will be completed in a timely manner.

Sincerely,

 10-20-03.

Traci L. Brinkmann
Owner