

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 AUG -1 PM 2:50
CLERK OF DISTRICT COURT
JULIA

DOCUMENT # P01000089090

1. Corporation Name
BUSINESS SERVICES SOLUTIONS AND ATM SALES INC

600078465656
08/08/06--01024--004 **750.00

2. Principal Office Address <u>55 WESTON RD</u>		3. Mailing Office Address <u>13561 NW 6TH DR</u>	
Suite, Apt. #, etc. <u>STE 400</u>		Suite, Apt. #, etc.	
City & State <u>FORT LAUDERDALE</u>		City & State <u>Plantation, FL 33325</u>	
Zip <u>33326</u>	Country <u>BROWARD</u>	Zip <u>33325</u>	Country

REINSTATEMENT (CR2E081119/06) 2002-2006

4. Date Incorporated or Qualified To Do Business in Florida <u>9/11/01</u>
5. FEI Number ☒ 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 <u>ROBERT J. GARDENER INC</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>420 US HWY 1 STE 20</u>		
Suite, Apt. #, Etc.		
City <u>NORTH PALM BEACH, FL</u>	State <u>FL</u>	Zip Code <u>33408</u>

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 Robert J. Gardener Date 7/31/06

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
VP Secy	<u>FLORA A. BIEL</u>	<u>13561 NW 6TH DR, #2</u>	<u>PLANTATION, FL 33325</u>
Treas Pres	<u>WILLY L. BIEL</u>	<u>13561 NW 6TH DR</u>	<u>PLANTATION, FL 33325</u>

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: Flora A Biel Flora A Biel Date 7/31/06 Daytime Phone # 954 816 6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ROBERT J. GARDENER, INC.
420 US HIGHWAY 1 STE. 20
NORTH PALM BEACH, FL. 33408
Tel. 561.296.9922 / Fax .561.296.2244

July 31, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

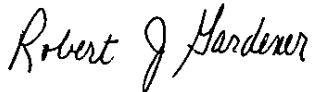
Re: Reinstatement "BUSINESS SERVICES SOLUTIONS AND ATM SALES INC."

The above corporation was administratively dissolved in 2002. The corporation has been inactive during this time and the corporation **never received annual report notices**. The original address was 13730 W. State Road 84, Ste.207, and Davie Fl. 33325. The mailing address should have been: 13561 NW 6th Dr.
Plantation, Fl. 33325

A check is enclosed in the amount of \$750.00 to bring it to current status.

Thank you for your help concerning this matter.

Respectfully,



Robert J. Gardener