

10 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000002441

1. Corporation Name

Intrepid Business Solutions

4/18/04

2. Principal Office Address

8424 4th St N #10

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

33702

Country

Pinellas

3. Mailing Office Address

8424 4th St N

Suite, Apt. #, etc.

Suite 0

City & State

St Peto FL 33

Zip

33702

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

02-0536969

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

Johann Erickson

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

8424 4th St N #10

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33702

400026346204

01/07/04--01/03/06 **300.00

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

REGISTERED AGENT MUST SIGN

Date 1/5/04

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
Owner	Johann Erickson	8424 4th St N #10	St Peto, FL 33702

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/04 727-577-6761

Daytime Phone #

CR2E081 (10/02)

15

**Intrepid Business
Solutions**

8424 4th Street North #O
St. Petersburg, FL 33702

20f2

January 5, 2004

Florida Dept of State
Secretary of State
Division of Corporations

Dear Sir or Madam:

I was informed today that my corporation (Doc number p02000002441 EIN 02-0536969) was dissolved in Sept because payment was not received. The payment was mailed, but it appears as though our check was not cashed. I called today, and they said a second notice would have been sent, but the information on file was out of date, so I would not have gotten a second notice on it either. The woman on the phone said to send in \$300 for last years and this year's payment. I am going to remit that amount. Please ensure the address is updated per the enclosed form. Thanks.

Sincerely,



Johann Erickson
Owner