

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT -5 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002 000002950

1. Corporation Name

AUTOMATED DEBIT SERVICES INC

2. Principal Office Address

1625 SE 3RD AVE

Suite, Apt. #, etc.

SUITE 700

City & State

FORT LAUDERDALE FL

Zip

33316

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-81

4. Date Incorporated or Qualified  
To Do Business in Florida

1-9-02

5. FEI Number

01-0596087

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

ALAN D. STUPADITZ

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

900 E. ATLANTIC BLVD.

500041611675

Suite, Apt. #, Etc.

SUITE 17

10/05/04--01076--020 \*\*1650.00

City

POMPAN0 BEACH

State

FL

Zip Code

33060

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

Alan D. Stupaditz  
REGISTERED AGENT MUST SIGN

Date

09-30-04

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
DD	ANOLIANA LYNN	1625 SE 3RD AVE # 700	FORT LAUDERDALE, FL 33316

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:

ANOLIANA LYNN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-30-04

Daytime Phone #

954-332-6100

CR2E081 (01/04)