

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 JUL 16 P 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400183357824
07/16/10--01021--011 **1050.00

CR2E081 (6/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000080438

1. Corporation Name

AGILE BUSINESS SERVICES, INC

2. Principal Office Address - No P.O. Box #

5202 BLUE LAGOON DR

3. Mailing Office Address

847 NW 119 ST

Suite, Apt. #, etc.

8TH FLOOR

Suite, Apt. #, etc.

205

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

Zip

33168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2003

5. FEI Number

421608518

☐ 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

BERNARD H BRYANT

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

847 NW 119 ST

Suite, Apt. #, Etc.

205

City

MIAMI,

State

FL

Zip Code

33168

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

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
PD	CARLOS E MOREIRA	5202 BLUE LAGOON DR 8TH FLOOR	MIAMI, FLORIDA 33126
VD	THELMA M DE ALMEIDA	5202 BLUE LAGOON DR 8TH FLOOR	MIAMI, FLORIDA 33126
STD	ROBERTO B DE LAZARI	5202 BLUE LAGOON DR 8TH FLOOR	MIAMI, FLORIDA 33126

REINSTATEMENT

08-10
JBS

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

07/12/10

Date

305 685 5918

Daytime Phone #