

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000016573

**FILED**  
**Aug 24, 2010**  
**Secretary of State**

**Entity Name:** EMPLOYER BUSINESS SOLUTIONS INC.

**Current Principal Place of Business:**

6805 WEST COMMERCIAL BLVD  
#207  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

6805 WEST COMMERCIAL BLVD  
#207  
TAMARAC, FL 33319

**New Mailing Address:**

PO BOX 159  
HALLANDALE, FL 33008

**FEI Number:** 20-2254178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SATZ, STEPHANIE  
6805 WEST COMMERCIAL BLVD  
#207  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE SATZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SATZ, STEPHANIE  
Address: 6805 COMMERCIAL BLVD, #207  
City-St-Zip: TAMARAC, FL 33319

Title: V  
Name: STEPHEN, SATZ  
Address: 1925 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE SATZ

P

08/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date