

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 18 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005754

1. Corporation Name

BIT SERVICES, INC.

Principal Place of Business

Mailing Address

120 E OAK PARK BLVD  
STE 105  
FT LAUDERDALE FL 33334  
US

120 E OAK PARK BLVD  
STE 105  
FT LAUDERDALE FL 33334  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0468771

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LAWTON, ERIC L	4900 BAYVIEW DR #33	FT LAUDERDALE FL 33308
VD	STEWART, JANE	4900 BAYVIEW DR #33	FT LAUDERDALE FL 33308

800003514498--1  
-12/27/00--01063--022  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWTON, ERIC L  
4900 BAYVIEW DR #33  
FT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/14/00

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 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

*[Signature]*  
JANE STEWART

Date

11/10/02 954-864025

Daytime Phone #

CR2E040 (8/00)