

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000094362

1. Corporation Name

SMALL BUSINESS SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

1707 VONPHISTER STREET  
KEY WEST FL 33040

Mailing Address

P.O. BOX 5504  
KEY WEST FL 33045

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

REINSTATEMENT

98-00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/30/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0529581	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WILLIAMS, GARFIELD	1707 VONPHISTER STREET	KEY WEST FL 33040
			000003195980--2
			-04/04/00--01100-019
			***1050.00 ***1050.00
			LS

8. Name and Address of Current Registered Agent

WILLIAMS, GARFIELD  
1707 VONPHISTER STREET  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

3-24-00

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.Yes ☐ No ☐(See other side for information  
on intangible tax.)

12. 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 OF GARFIELD WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00 (305) 294-1000