

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000054928**

1. Corporation Name

ADBIT'S, INC.

Principal Place of Business

1003 SE 17TH ST
FT LAUDERDALE FL 33316

Mailing Address

1003 SE 17TH ST
FT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 NOV 18 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003 WOP

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1997

5. FEI Number

65-0764181

Applied For.

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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 3	City / State / Zip 4
P	GRUBBSTROM, BIT	ADBIT'S 1003 SE 17 STREET	FORT LAUDERDALE FL 33316

900024796259
11/18/03--01024--006 **158.75

8. Name and Address of Current Registered Agent

BIT GRUBBSTROM
ADBIT'S
1003 SE 17 STREET
FORT LAUDERDALE FL 33316

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/1/03

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

Bit Grubbstrom

11/1/03

Date

954 467-8420

Daytime Phone #

CR2E040 (7/03)

AdBit's

ADVERTISING & PR

www.AdBits.com • www.aBitMore.biz
Phone 954.467.8420 • Fax 954.467.0809



2082

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

November 1, 2003

Dear Sir or Madam:

Please be advised that I have had substantial health problems this year, and have had others try to do my job – apparently not very successfully. To my knowledge we have not received a uniform business report notice. I would greatly appreciate if you would be kind enough to please waive the reinstatement fee.

Sincerely,

Bit Grubbström
President AdBit's Inc.