

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -5 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038601

1. Corporation Name

Enabling Business Solutions

900023858149  
10/16/03--01068--010 \*\*308.75

2. Principal Office Address

10014 N DALE MABRY

Suite, Apt. #, etc.

101

City & State

TAMPA, FLORIDA

Zip

33816

Country

USA

3. Mailing Office Address

16921 MELISSA ANN DR

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

Zip

33558

Country

USA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

4/1998

5. FEI Number

593524352

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

TAMELA HARTSFIELD

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

16921 MELISSA ANN DRIVE

Suite, Apt. #, Etc.

City

LUTZ,

State

FL

Zip Code

33558

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

10/31/03

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
CEO	PHILLIP HARTSFIELD	16921 MELISSA ANN DR	LUTZ, FL 33558
VP	TAMELA HARTSFIELD	16921 MELISSA ANN DR	LUTZ, FL 33558

10. 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

Date

Daytime Phone #

TAMELA HARTSFIELD 10/31 813-494-8782

CR2E081 (10/02)

202

Enabling Business Solutions  
16921 Melissa Ann Drive  
Lutz, FL 33558

Department of State  
Division Of Corporations  
409 Ease Gaines Street  
Tallahassee, Fl 32399

September 29, 2003

Thank you for reviewing our request to reinstate the corporation. In August 2001 we moved from the registered agent address of 9014 Westbay Blvd to our new address at: \_\_\_\_\_

16921 Melissa Ann Drive  
Lutz, FL 33558

The post office stopped forwarding information after a few months so we did not get a forwarded copy. We sent an address revision but apparently it was not received and we were not sent an annual report to file for 2002. Please waive the reinstatement fee on the grounds that we did not receive the document for 2002.

Your cooperation is appreciated in this matter. If you need to contact us, you may call me at 813-494-8782.

Sincerely,



Tamela Hartsfield  
Vice President operations

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