

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2000 UBR



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

FILED

00 OCT 24 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048648

1. Corporation Name

GET IT DONE SERVICES, INC.

Principal Place of Business

4920 NW 86 AVENUE
LAUDERHILL FL 33351

Mailing Address

4920 NW 86 AVENUE
LAUDERHILL FL 33351

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1999

5. FEI Number

Applied For

65-0931656

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
PSD	GIAGNACOVA, RICHARD D	4920 NW 86 AVENUE	LAUDERHILL FL 33351

200003483682-3
-12/01/00--01087--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CRAMMER, EDWIN L
7481 W OAKLAND PARK BLVD #102
LAUDERHILL FL 33319

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

Edwin L Cramer
REGISTERED AGENT MUST SIGN

Date 10/20/00

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:

Edwin L Cramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-000

CR2E040 (8/00)

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GET IT DONE ! SERVICES INC.

4920 N.W. 86 AVE. LAUDERHILL, FL 33351-5401
TELE. (954) 270-4818 FAX. (954) 748-4818

FLORIDA DEPT. OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314
ATT: KATHERINE HARRIS,
RE: DOC. # P99000048648

10/20/2000

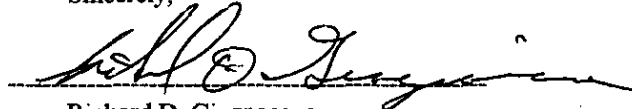
DISSOLUTION OF CORP. -GET IT DONE SERVICES, INC.

MADAME SECRETARY as of the second week of October I, Richard D. Giagnacova , received notice of the dissolution of my corporation by your office by way of a computer generated Packet. I have received no prior notice, nor has my agent of record. I understand that there was supposed to have been two prior notifications of the possibility of such an action by your agency.

I humbly ask for the possibility of review for my situation and submit my check for reinstatement.

Thank you very much for your consideration,

Sincerely,



Richard D. Giagnacova