

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 24 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000076995**

1. Corporation Name

E-BIZ SOLUTIONS, INC.

Principal Place of Business

Mailing Address

3200 N.E. 14 STREET
POMPANO BEACH FL 33062

3200 N.E. 14 STREET
POMPANO BEACH FL 33062

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

08/25/1999

5. FEI Number

65-0942150

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DEHLINGER, LYNN	1301 N RIVERSIDE DR #10	POMPANO BEACH FL 33062
ST	DEHLINGER, WILLIAM	1301 N RIVERSIDE DR #10	POMPANO BEACH FL 33062
D	DEHLINGER, LYNN	1301 N RIVERSIDE DR #10	POMPANO BEACH FL 33062
D	DEHLINGER, WILLIAM	1301 N RIVERSIDE DR #10	POMPANO BEACH FL 33062
			200024092722 10/24/03--01070--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEHLINGER, WILLIAM P
1301 N. RIVERSIDE DRIVE, #10
POMPANO BEACH FL 33062

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

William P. Dehlinger
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

William P. Dehlinger
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 9542881180

CR2E040 (7/03)



3200 NE 14 Street
MS 214
Pompano Beach, FL 33062
U.S.A.

October 21, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find the \$150.00 corporate fees enclosed. Please waive the reinstatement fee as the corporation did not receive the previous UBR notices. Thank you for your assistance.

Sincerely,

Bill Dehlinger
Director of Consulting