

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F00000005108**

1. Corporation Name

**MULTI SERVICES GROUP, INC.**

Principal Place of Business

Mailing Address

~~P.O. BOX 160172~~  
 MOBILE AL 36616

~~P.O. BOX 160172~~  
 MOBILE AL 36616

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

2. New Principal Office Address, If Applicable

**3355 Hurricane Bay Dr.**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**P.O. Box 191037**

Suite, Apt. #, etc.

City & State

**Theodore, AL**

Zip

**36582**

Country

**USA**

City & State

**Mobile, AL**

Zip

**36619**

Country

**USA**

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

**09/12/2000**

5. FEI Number

**63-1121653**

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
CP	SCRUGGS, SHARON H	<del>960 DOWNTOWNER BLVD., SUITE B</del> <b>3355 Hurricane Bay Dr.</b>	<del>MOBILE AL 36609</del> <b>Theodore, AL 36582</b>
<del>DIR</del>	<del>RODRIGUEZ, ROCKY</del>	<del>960 DOWNTOWNER BLVD., SUITE B</del>	<del>MOBILE AL 36609</del>
VP	Maxine Smith	<b>3355 Hurricane Bay Dr.</b>	<b>Theodore, AL 36582</b>
Sec.	Kimberly Stewart	<b>3355 Hurricane Bay Dr.</b>	<b>Theodore, AL 36582</b>

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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

**DALE W. MORRIS**  
 REGISTERED AGENT MUST SIGN

**DALE W. MORRIS**  
 ASSISTANT VICE PRESIDENT

Date

**10/30/01**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-29-01**

Daytime Phone #

**251-443-9595**

CR2000 (8/01)