

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 NOV 18 AM 10:27

SECRETARY OF STATE  
1100009049891  
11/18/02--01046--020 \*\*758.75

DOCUMENT # **G74975**

1. Corporation Name  
**SERVICE ACE CORPORATION**

Principal Place of Business 17121 NE 6TH AVE. N. MIAMI BCH. FL 33162 US	Mailing Address 17121 NE 6TH AVE. N. MIAMI BCH. FL 33162 US
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**REINSTATEMENT 2002**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2339687	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD	LATIMER, OTTO V. JR.	11700 SW 9TH COURT	PEMBROKE PINES FL
ST	LATIMER, OTTO V. JR.	11700 SW 9TH COURT	PEMBROKE PINES FL
VD	LATIMER, ANN-JOHN	11700 SW 9TH COURT	PEMBROKE PINES FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATIMER, OTTO V J  
11700 SW 9TH COURT  
PEMBROKE PINES FL 33025

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

CR2E040 (8/02)

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 *[Signature]* **SIGNATURE REQUIRED** Date 11/15/02  
REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date 11/15/02 305-653-7118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #