

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P020000119335  
1. Corporation Name  
Value Services of Jacksonville, Inc

REINSTATEMENT 03

2. Principal Office Address  
5417 Santa Monica Blvd North

3. Mailing Office Address  
PO Box 16952

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip  
32207

Country  
Duval

Zip  
322456952

Country  
Duval

4. Date Incorporated or Qualified To Do Business in Florida  
11-15-02

5. FEI Number  
30-0133094

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 Edward Meyers  
Street Address (P.O. Box Number is Not Acceptable)  
5417 Santa Monica Blvd N  
Suite, Apt. #, Etc.  
City JACKSONVILLE State FL Zip Code 32207

*Handwritten initials/signature*

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 Edward Meyers  
REGISTERED AGENT MUST SIGN

Date 11-15-03

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
<u>Pres, Vice Pres, Secy, Treas, Direct</u>	<u>Edward Meyers</u>	<u>5417 Santa Monica Blvd N</u>	<u>JAX FL 32207</u>

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11/17/03--01098--007 \*\*750.00

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: Edward Meyers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-15-03 Daytime Phone # 904-591-2514

CR2E081 (10/02)