

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT-30 PM 11:02

DOCUMENT #

L99-939

1. Limited Liability Company's Name

THE SERVICE CENTER, LLC.

2. Principal Office Address

133 INLET HARBOUR RD

Suite, Apt. #, etc.

City & State

PONCE INLET FLORIDA
Zip FL 32127

3. Mailing Office Address

723 GREEN RD

Suite, Apt. #, etc.

City & State

NEW SMYRNA BCH FL
Zip 32168 VOLUSIA

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA / VOLUSIA

**5. Date Organized or Qualified
To Do Business in Florida**

7-16-99

6. FEI Number

59-3567148

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GEORGEY N HOBART

Street Address (P.O. Box Number is Not Acceptable)

723 GREEN RD

Suite, Apt. #, Etc.

City

NEW SMYRNA BCH

State
FL

Zip Code

32168

500003459445-2
-11/09/00--01096--020
*****150.00 *****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Georger N Hobart

REGISTERED AGENT MUST SIGN

Date 10-23-2000

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	GEORGEY N HOBART	723 GREEN RD	NEW SMYRNA BCH FLORIDA 32168

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Georger N Hobart

Date 10-23-00

Daytime Phone #

904 424-1806

Typed or printed name of signing Managing Member/Manager

GEORGEY N HOBART