

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 10 AM 10:34

SECRETARY OF STATE
ALL AMAGUE, FLORIDA

DOCUMENT #258989

1. Corporation Name

Service Inc

2. Principal Office Address - No P.O. Box #

5710 ZIP DRIVE

3. Mailing Office Address

5710 ZIP DRIVE

Suite, Apt. #, etc.

UNIT 2

Suite, Apt. #, etc.

UNIT 2

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33905

Country

USA

Zip

33905

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1962

5. FEI Number

☐ 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

SALVATORE TAVOLACCI

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

5710 ZIP DRIVE

Suite, Apt. #, Etc.

UNIT 2

City

FORT MYERS

State

FL

Zip Code

33905

600234912556
05/10/12--01005--009 **1958.75

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

Date 5/3/2012

REGISTERED AGENT MUST SIGN

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
P	SALVATORE TAVOLACCI	5710 ZIP DRIVE UNIT 2	FORT MYERS, FL, 33905

REINSTATEMENT

2004-12

KRB
5/21/2012

10. E-mail Address: SAL@SERVICESTARFLOIDA.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2012

9413028805

Date

Daytime Phone #