PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 27 AM 10:34
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 544632

1. Corporation Name
ULTIMATE SERVICE, INC

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1110 NE 34 Ct #	1110 NE 34 Ct
Suite, Apt. #, etc. #33	Suite, Apt. #, etc. #33
City & State OAKLAND PK FL	City & State OAKLAND PK FL
Zip 33334 Country USA	Zip 33334 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1997

5. FEI Number 65-0272097 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: LUANNE DiCAPUA
Street Address (P.O. Box Number is Not Acceptable): 1110 NE 34 Court
Suite, Apt. #, Etc.: #33
City: OAKLAND PK. State: FL Zip Code: 33334

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: Luanne DiCapua Date: _____
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
PRES	LUANNE DiCAPUA	1110 NE 34 Ct #33	OAKLAND PK FL 33334
			700069445357 04/04/06 01054 013 **1050.00

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 contained in Chapter 119, 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: Luanne DiCapua PRES 954 566 6[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #