

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 12 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00 000003815

1. Corporation Name

MYERS SERVICE, INC.

2. Principal Office Address

3221 N. ASHLAND AVENUE

Suite, Apt. #, etc.

SUITE 2W

City & State

CHICAGO, IL

Zip

60657

Country

US

3. Mailing Office Address

3221 N. ASHLAND AVENUE

Suite, Apt. #, etc.

SUITE 2W

City & State

CHICAGO, IL

Zip

60657

Country

US

REINSTATEMENT 04-05

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

07/03/2000

5. FEI Number

36-3096487

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

Charles R. Brown, Jr.

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

5227 E. COLONIAL DRIVE

Suite, Apt. #, Etc.

SUITE B

City

ORLANDO

State

FL

Zip Code

32807

300057750093

07/21/05--01053--004 **750 00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/2/05

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 |
|--------|--------------------------------------|---|--------------------|
| PVST | PERRY MYERS | 3221 N. ASHLAND AVENUE - #2W | CHICAGO, IL 60657 |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERRY MYERS

05/05/05

Date

773-404-7400

Daytime Phone #

CR2E081 (01/05)