

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 1:41

mtm
11/4

DOCUMENT # F96000002366

1. Corporation Name

OPTIMIZING SERVICES, INC.

Principal Place of Business

3715 NORTHSIDE PARKWAY, SUITE 600
ATLANTA GA 30327

Mailing Address

3715 NORTHSIDE PARKWAY, SUITE 600
ATLANTA GA 30327



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3715 NORTHSIDE PARKWAY BLDG 200 STE 600

3715 NORTHSIDE PARKWAY BLDG 200 STE 600

City & State

City & State

5. FEI Number

58-1742206

Applied For

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|---|
| 1 | 2 | 3 | 4 |
| PD | BUCKLEY, PATRICK | 1223 BEECH VALLEY ROAD | ATLANTA GA 30306 |
| SD | DOTSON, AMY | 5217 NORTHWEST 108TH DR 8280 CLEARY BLVD. #2808 | CORAL SPRINGS FL 33076 FT. LAUDERDALE, FL 33324 |
| TD | BUCKLEY, EVELYN | 2878 CLEAR BROOK DRIVE | MARIETTA GA 30068 |
| | | | 960002339029--8 -11/05/97--01080--007 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOTSON, AMY

OSI, INC.

1002 N. UNIVERSITY DRIVE, SUITE 200B

FT. LAUDERDALE FL 33322-33324

8280 Cleary Blvd
#2808

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Amy M Dotson

REGISTERED AGENT MUST SIGN

Date

10/28/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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:

Emelyn Buckley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Date

404.241-4408

Daytime Phone #

x 216

CR2E040 (8/97)