

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 25 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004747**

1. Corporation Name

ON LINE SCREENING SERVICES, INC.

Principal Place of Business

Mailing Address

~~0195 SR 580 #3~~
~~SAFETY HARBOR FL 34685~~

~~0195 SR 580 #3~~
~~SAFETY HARBOR FL 34685~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

2702 TAMPA RD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2702 TAMPA RD

Suite, Apt. #, etc.

City & State

PALM HARBOR

City & State

PALM HARBOR

Zip

34684

Country

Zip

34684

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1996

5. FEI Number

36-4070945

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HUSEREAU, NANCY	0195 SR 580, #3 5252 KARLSBURG PL	SAFETY HARBOR FL 34685 PALM HARBOR FL 34685
V.P.	Burton, Roger	1729 VIRGINIA AVE	LIBERTYVILLE IL 60048
			000003032920--5 -11/02/99--01087--023 *****750.00 *****750.00
			LS

8. Name and Address of Current Registered Agent

~~CT CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

9. Name and Address of New Registered Agent

Name
Nancy T. HuserEAU
Street Address (P.O. Box Number is Not Acceptable)
2702 Tampa Road
Suite, Apt. #, Etc.
000003032920--5
-11/02/99--01087--024
*******8.75 *****8.75**
FL 34685

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

Nancy T. HuserEAU

REGISTERED AGENT MUST SIGN

Date

10-21-99

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., 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:

Nancy T. HuserEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy T. HuserEAU

10-21-99

Date

Daytime Phone #

(727) 711-2941

CR2E040 (9/99)