

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000856

**1. Corporation Name**

WARECO SERVICE, INC.

**REINSTATEMENT** 00-03

**600019184516**  
05/16/03--01069--015 \*\*1200.00

**2. Principal Office Address**

400 West State Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

400 West State Street

Suite, Apt. #, etc.

**City & State**

Jacksonville, IL 62650

**Zip**

62650

**Country**

USA

**City & State**

Jacksonville, IL 62650

**Zip**

62650

**Country**

USA

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

2/18/1997

**5. FEI Number**

37-1359054

**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**

Lee E. Nelson, Esquire

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

201 N. Franklin Street

**Suite, Apt. #, Etc.**

Suite 2600

**City**

Tampa

**State**  
FL

**Zip Code**  
33602

**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

REGISTERED AGENT MUST SIGN

Date

4-22-03

**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	Jon Ware	1553 Mound Avenue	Jacksonville, IL 62650
V	Bill Ware	1599 Poor Farm Road	Jacksonville, IL 62650
S	James Ware	11 Aaron Drive	Jacksonville, IL 62650
T	Mark Scobbie	603 Locust	Jacksonville, IL 62650
CD	Richard Ware	314 Country Club Road	Jacksonville, IL 62650

**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:**

*Richard Ware*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2003 212 243-2847

Date

Daytime Phone #

CR2E081 (10/02)