PLEASE READ ALL INSTRUCTIONS BEFO APPLICATION FLORIDA DEPARTMENT OF S Katherine Harris				-			
FOR REINSTATEMENT		Secretary of State					
	JMENT # F98000017	RATIONS	99 MOV 12 PH to 35				
1. Corporation Name				THE ZEROE OF COME			
ALABAMA MIDSOUTH SERVICES, INC.							
Principal Place of Business Mailing Address						86 111 1616) 1161 1661 1661 1661 1661	
SOI WYNW DRIVE HUNTSVILLE-AL 35816 HUNTSVILLE-AL 35816							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT 1999			
2 New Pri	ncinal Office Address If Apolicable A New Mail	ing Office Address, If			orated or Qualified ess in Florida	03/26/1998	
One Service Master Wall () Reservice Master Wall Suite, Apt. #, etc. Suite, Apt. #, etc. Chy & State Onty & State					63-0978006	Applied For	
Nowners Grove /C Nowners G			57.0 / L 6.		OF STATUS DESIRED [Not Applicable \$8.75 Additional Fee required	
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 2	Street Address of Each Officer and/or Director 3		City / State / Zip			
STD	-DAVIS, BILLY E.	501 WYNN DRIVE		HUNTSVILLE AL			
٧	DAVIS, CAROL	501 WYNN DRIVE		HUNTSVILLE AL			
PD	WILLIAMS, BILLY M	620 OLD HICKORY BLVD		JACKSON TN			
٧	WILLIAMS, JANET L	620 OLD HICKO	RY BLVD		JACKSON TN		
	Sie attached lie		ist 50		000305	42356	
					****750.1	00 *****750.00	
Name and Address of Current Registered Agent Name				Name and Address of New Registered Agent Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				(P.O. Box Number is Not Acceptable)			
			Sulte, Apt. #, Etc.				
City				State 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 Tames M. Haup'in Date 11-10-99 REGISTERED AGENT MUST SIGN							
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 pall 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #							

AAA

11/09/1999

Officers and Directors with Addresses

Alabama MidSouth Services, Inc.

Director

Eugene D. Malloy JoAnn A. Warzynski

<u>Title</u> Director Director

<u>Officer</u>

Douglas Warren Colber Mary K. McMahon Dudley

Paul M. Jacobs JoAnn A. Warzynski <u>Title</u>

Assistant Secretary <

Secretary

Assistant Vice President Chief Operating Officer

President

Eugene D. Malloy

Work:

One ServiceMaster Way Downers Grove, IL 60515

JoAnn Warzynski

Work:

One ServiceMaster Way Downers Grove, IL 60515

Douglas Colber

Work:

One ServiceMaster Way Downers Grove, IL 60515

Mary K. Dudley

Work:

One ServiceMaster Way Downers Grove, IL 60515

Paul M. Jacobs

Work:

One ServiceMaster Way Downers Grove, IL 60515