

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2



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

FILED

00 OCT 19 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

SEWICE PROVIDERS INC.

2. Principal Office Address

17605 SW 248 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 924068

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLA.

City & State

HOMESTEAD, FLA.

Zip

Country

33032

Zip

Country

330-924068

4. Date Incorporated or Qualified  
To Do Business in Florida

8-27-85

5. FEI Number

59-2604497

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

ALBERTO SOCARRAZ

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

17605 S.W. 248 ST.

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33032

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

10-16-00

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
PRES.	ALBERTO SOCARRAZ	17605 S.W. 248 ST.	HOMESTEAD, FLA. 33032
VP.	MATTHEW SOCARRAZ	17301 S.W. 248 ST	" " "
Sec.	BARBARA C.	" " "	" " "

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO SOCARRAZ

Date

10-16-00

Daytime Phone #

305-247-9124

KE

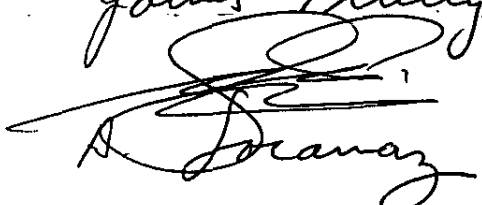
CR2081 (9/99)

10-10-88 ~~2052~~

Please be advised that your renewal form for registration of the corporation was never received.

I spoke with Mrs. Sprather and she advised that I write this letter and send the application and fee.

Yours Truly.



SERVICE PROVIDERS INC.