

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 FEB 22 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **J11875**

1. Corporation Name

**ORRISON BROTHERS SERVICE CORP.**

Principal Place of Business

808 CAROLIN ST  
804 CAROLINA ST.  
MELBOURNE FL 32901  
US

Mailing Address

808 CAROLIN ST  
804 CAROLINA ST.  
MELBOURNE FL 32901  
US

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

2. New Principal Office Address, If Applicable

~~804 Carolin St~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~804 Carolin St~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/30/1986**

5. FEI Number

**59-2676972**

Applied For

Not Applicable

City & State

**Melbourne, FL**

City & State

**Melbourne, FL**

Zip

**32901**

Country

**USA**

Zip

**32901**

Country

**USA**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ORRISON, ROLAND L	3980 LAKE BREEZE BLVD	MELBOURNE FL 32934
DV ST	ORRISON, GARY MERVIN	2641 CROOKED ANTLER DR	PALM BAY FL 32934
ST	ORRISON, BRIAN CHRISTOP <del>DELETE</del>	136 SE 1ST ST <del>DELETE</del>	SATELLITE BCH FL <del>DELETE</del>
			500003783625--6 -02/27/01--00127--012 *****300.00 *****900.00
			<b>REINSTATEMENT</b> <b>2008 01</b>

8. Name and Address of Current Registered Agent

ORRISON, ROLAND LEE  
3980 LAKE BREEZE BLVD  
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

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

Date

**2/9/01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roland L. Orrison**

**ROLAND L. ORRISON**

Date

Daytime Phone #

**2/9/01**

CR2E040 (8/00)