

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

①

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Candra D. Mertham
Secretary of State
DIVISION OF CORPORATIONS

1997 NOV -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # JLW077

1. Corporation Name
SERVPRO OF OSCEOLA COUNTY, INC.

Principal Place of Business	Mailing Address
%JIM EISMONT 1534 Frances St. Kissimmee, FL 34744	%JIM EISMONT 1534 Frances ST. Kissimmee, FL 34744

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/5/87	Applied For Not Applicable
5. FEI Number 59-2805459	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Jim Eismont	1534 Frances St.	Kissimmee, FL 34744
DST	Janice E. Eismont	3105 Heron Lake Dr. #G	Kissimmee, FL 34741
			100002337181--7

REINSTATEMENT *9/18/97*

8. Name and Address of Current Registered Agent
Jim Eismont
1534 Frances St,
Kissimmee, FL 34744

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City, State, Zip

10. I have appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0405, F.S.
Signature of Registered Agent: Jim Eismont REGISTERED AGENT MUST SIGN Date: _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Jim Eismont
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 578891 11936A

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 750.00

ORDER DATE : October 27, 1997

ORDER TIME : 4:06 PM

ORDER NO. : 578891-015

CUSTOMER NO: 11936A

CUSTOMER: William Muntzing, Esq
William Muntzing, P.a.
1102 Oak Street

Kissimmee, FL 34741

DOMESTIC FILINGS

NAME: SERVPRO OF OSCEOLA COUNTY,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
 97 NOV -4 AM 8:35
 DIVISION OF CORPORATION