

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 24 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: **J82219**

1. Corporation Name

CENTRAL RESERVATION SERVICE, CORP

2. Principal Office Address

220 LOOKOUT PLACE

Suite, Apt. #, etc.

200

City & State

MAITLAND, FL

Zip

32751

Country

U.S.

3. Mailing Office Address

169 SPRING CHASE CIR

Suite, Apt. #, etc.

City & State

ALAMONTE SPRINGS, FL

Zip

32714

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1987

5. FEI Number

59-2829184

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

CARLOS H GIRALDO

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

169 SPRING CHASE CIR

Suite, Apt. #, Etc.

City

ALAMONTE SPRINGS

State

FL

Zip Code

32714

600004512626-9

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******900.00 ****900.00**

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

7/12/01

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. SEC.	CARLOS H GIRALDO	169 SPRING CHASE CIR	ALT SPRG, FL 32714
VP TREASURER	DENISE L GIRALDO	169 SPRING CHASE CIR	ALT SPRG FL 32714

REINSTATEMENT

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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:

CARLOS H GIRALDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-12-01 4077406442 X107

Daytime Phone #

CR2E081 (9/00)