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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
NOV 26 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005632

Name and Mailing Address

0009650 01 AT 0.292 **AUTO T5 3 0615 33634-633825



SERVICETECH, LLC
5110 EISENHOWER BLVD., SUITE 150
TAMPA FL 33634-6338



2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 02/13/2002

Principal Place of Business

5110 EISENHOWER BLVD., SUITE 250
TAMPA FL 33634

3. New Principal Place of Business Address

Suite 250
City, State, Zip

6. FEI Number

94-3417883

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SPURLOCK, MITCHELL D
5110 EISENHOWER BLVD., SUITE 250
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

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

City

Suite 250

600024187416

10/28/03--01012--00 FL **1559:00

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mitchell Spurlock SIGNATURE REQUIRED M

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing
Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MEM Janet Spurlock 5110 EISENHOWER BLVD
Suite 250 Tampa, FL 33634

MEM Rhonda Orr same same

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Rhonda Orr SIGNATURE REQUIRED

Date

10/16/03

Daytime Phone #

813 383 0738

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)