

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REMOVED AND FILED

98 NOV 19 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M86368

1. Corporation Name

ACQUISITION SERVICES, INC.

Principal Place of Business

Mailing Address

2012 CURRY FORD RD.  
ORLANDO FL 32806

2012 CURRY FORD RD.  
ORLANDO FL 32806

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/13/1988

5. FEI Number

59-2895416

Applied For

Not Applicable

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)

1	2	3	4
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
PTS	GAINES, HARVEY	2012 CURRY FORD RD.	ORLANDO FL 32806

000002706460--9  
-12/08/98-01003-003  
\*\*\*750.00 \*\*\*750.00

11/16/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINKBEINER, FRANK G., ESQ.  
469 N. ORANGE AVE.  
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Harvey Gaines*  
REGISTERED AGENT MUST SIGN

TRFD

Date 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(l), 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.

Harvey Gaines

SIGNATURE:

*Harvey Gaines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-98 (407) 894-5316  
Date Daytime Phone #

CR2E140 (9/88)