

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 29 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009259

1. Corporation Name

Service Teams for Greater Mobility, Inc

2. Principal Office Address

PO Box 357508

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 357508

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32635

Country

USA

Zip

32635

Country

USA

REINSTATEMENT 03

500023403345

09/29/03--01086--002 **245.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/26/02

5. FEI Number

06-1663960

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

Charles Koval

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

10212 SW 17th Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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**

Charles Koval Charles Koval

REGISTERED AGENT MUST SIGN

Date 9/24/03

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
D	Elizabeth Nesbitt	7086 NW 52nd Terrace	Gainesville FL 32653
D	Charles Koval	10212 SW 17th Pl	Gainesville FL 32607
D	Linda G. Brown	5140 SW 92nd Court	Gainesville FL 32608
D	Richard A. Goldman DUM	4209 NW 37th Place	Gainesville FL 32606

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:

Charles Koval Charles Koval
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/03

Daytime Phone #

352 265 8051

CR2E081 (10/02)