

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

11 FEB 23 PM 4:44

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006282

1. Corporation Name

Booth Services, Inc.

2. Principal Office Address - No P.O. Box #

1424 N.E. Expressway

Suite, Apt. #, etc.

3. Mailing Office Address

1424 N.E. Expressway

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30329

Country

USA

Zip

30329

Country

USA

200195798772
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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1994

5. FEI Number

593342078

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

Vern Jewett

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

5631 Van Dyke Road

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

S. HAWKES

JAN 23 2011

EXAMINER

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 2/9/11

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
CP	Maxwell S. Feener	1424 N.E. Expressway	Atlanta, GA 30329
T	John R. Jones	1424 N.E. Expressway	Atlanta, GA 30329
VP	Terry Griffin	1424 N.E. Expressway	Atlanta, GA 30329
SEC	Charles Powell	1424 N.E. Expressway	Atlanta, GA 30329
AT	Stephen Ellis	1424 N.E. Expressway	Atlanta, GA 30329
REINSTATEMENT - 2010-11			

10. E-mail Address: charles_powell@uss.salvationarmy.org

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/2011

Date

Daytime Phone #