

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 JAN 24 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000021861

1. Corporation Name

ROOT SERVICES, INC

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

2630 ST. AUGUSTINE BLVD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

3. Mailing Office Address

2630 ST. AUGUSTINE BLVD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2000

5. FEI Number  
593629932

☐ 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

PAUL R. MILLER

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

2630 ST. AUGUSTINE BLVD

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

300219405123  
01/24/12--01025--010 \*\*1085.00

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 01/18/2012

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
P	PAUL R. MILLER	2630 ST. AUGUSTINE BLVD	ST. AUGUSTINE / FL / 32086
VP	TIM J. BAKER	805 LAKE CRESCENT COURT	ST. AUGUSTINE / FL / 32092

REINSTATEMENT 10-12

10. E-mail Address: TBAKER143@YAHOO.COM

(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

01/17/2012

Date

904-626-3325

Daytime Phone #

JAN 27 2012