


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OPUBR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000100381

1. Corporation Name

OUTSIDE SERVICES, INC.

Principal Place of Business

Mailing Address

8130 NORTH MOBLEY ROAD
ODESSA FL 33556

8130 NORTH MOBLEY ROAD
ODESSA FL 33556

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

10/25/2000

5. FEI Number

59-3678946

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOCK, SCOTT C	8130 NORTH MOBLEY ROAD	ODESSA FL 33556

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOCK, SCOTT C
8130 NORTH MOBLEY ROAD
ODESSA FL 33556

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/01

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

920-9334

CR2E040 (8/01)

OUTSIDE SERVICES, INC.

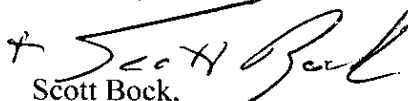
8130 North Mobley Road
Odessa, Florida 33556
(813) 920-9334
Mobile (813) 629-4655

October 12, 2001

Dear Sir or Madam:

Enclosed is an Application for reinstatement for Outside Services, Inc. for 2001. We respectfully request that the all penalties and additional fees be waived except for the original \$150 fee due because we filed it on time and it was kicked back for missing information. After completing the information we again mailed it within the appropriate time frame. We mailed the forms certified with return receipt both times. A copy of the return receipts is attached along with a copy of the cancelled check that was cashed on May 11th. If you have any questions please call.

Sincerely,


Scott Bock,
President