

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 19 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000069286

1. Corporation Name

NECESSARY SERVICES, INC.

2. Principal Office Address

3800 LK. HAMILTON DR.W

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

Zip

33881

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2001

5. FEI Number

01-0572957

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

MARK E. BYINGTON

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

3800 LAKE HAMILTON DRIVE WEST

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

Date

5-15-03

REGISTERED AGENT MUST SIGN

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 Officers and/or Director	City/State/Zip
VP	MARK E. BYINGTON	3800 LK. HAMILTON DR.W	WINTER HAVEN, FL 33881
P/S/T	LORI C. BYINGTON	3800 LK. HAMILTON DR.W	WINTER HAVEN, FL 33881

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #