

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 14 PM 1:49

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000074014**

1. Corporation Name
Service Industry Solutions Inc

2. Principal Office Address

2116 51 Blvd EAST

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34208

Country

MANATEE

3. Mailing Office Address

2116 51 Blvd EAST

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34208

Country

MANATEE

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

65-113-2689

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

Kim Cooper

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

2116 51 Blvd EAST

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

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

Kim Cooper

REGISTERED AGENT MUST SIGN

Date

3/23/05

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	James Cooper	2116 51 Blvd EAST	Bradenton, FL 34208
T	Kim Cooper	2116 51 Blvd EAST	Bradenton, FL 34208
S	Kim Cooper	2116 51 Blvd EAST	Bradenton, FL 34208

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:

Kim Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/05

Daytime Phone #

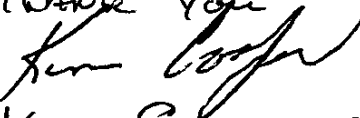
746-5102

CR2E081 (07/05)

252
Service Industry Solutions
2116 51st Blvd E.
Bradenton FL 34208

Fla. Dep. of State
ATT: CORPORATION REINSTATEMENT.

WE NEVER RECEIVED ANY CORRESPONDENCE
CONCERNING SERVICE INDUSTRY SOLUTIONS. I
DON'T HAVE A DOCUMENT # (BLOCK # 1)
WE HAVE NOW THE SERVICES OF AN ACCOUNTANT
WHO HAS HELPED STRAIGHTEN OUT OUR BUSINESS
THIS WE HOPE IS ALL THAT YOU NEED FOR
REINSTATEMENT - FOLLOWING A CONVERSATION
WITH A MOST HELPFUL EMPLOYEE IN YOUR
DEPT.

Thank You

Kim Cooper SECRETARY