

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082360

1. Corporation Name

STATEWIDE PERMIT SERVICE, INC.

Principal Place of Business

Mailing Address

849 N. BEL AIR DRIVE
PLANTATION FL 33317

849 N. BEL AIR DRIVE
PLANTATION FL 33317



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1500 W. Cypress CK Rd

Suite, Apt. #, etc.

516

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Broward

3. New Mailing Office Address, If Applicable

1500 W. Cypress CK Rd

Suite, Apt. #, etc.

516

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

5. FEI Number

65-1056271

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
P	HUNT, RACHEL	849 N. BEL AIR DRIVE	PLANTATION FL 33317

300008902093

11/12/02--01033--001 **150.00

8. Name and Address of Current Registered Agent

HAMELMANN, JANE S

3870 N. ANDREWS AVE.

#800

FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/07/02

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

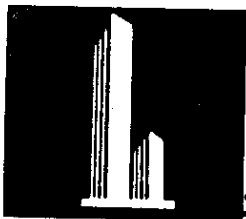
11/07/02

Date

Daytime Phone #

954-689-6405

CR20040 (8/02)



Statewide Permit Service

1500 W. Cypress Creek Rd.
Suite 516
Ft. Lauderdale, FL 33309
954-689-6405

11/07/02

Statewide Permit Service Inc did not receive any notification of fees due for our company. I am not sure if it was sent to our old address, or to the agent. Please excuse us and please make note of our new address.

Thank You,

Rachel Hunt

