

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION -
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094468

1. Corporation Name

MULTI-SERVICES, INC.

2. Principal Office Address

1440 NE 4TH CT.

3. Mailing Office Address

1440 NE 4TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

Zip

33432

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2001

5. FEI Number

65-1141630

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

PERRY SHERMAN

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

1440 NE 4TH CT.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Perry Sherman

Date

4-28-03

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 Officer and/or Director	City / State / Zip
PD	PERRY SHERMAN	1440 NE 4TH CT.	BOCA RATON, FL 33432

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:

Perry Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-03

Daytime Phone #

561-293-8006

CR2ED81 (10/02)

MULTI-SERVICES INC.

1440 NE 4TH COURT
BOCA RATON, FL 33432

April 28, 2003

Florida Department of State/ Division of Corporations
PO.BOX 6327
Tallahassee, Fl 32314

RE: Document #: P.010000 94468

To Whom It May Concern:

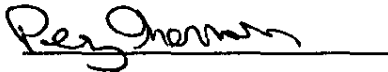
It has come to my attention while filling for my 2002 taxes, that I never received any UBR documents. Therefore the renewal fee of \$ 150.00 was never paid and my corporation was dissolved as of October 2002.

I deeply apologize for the inconvenience but I need to reinstate my corporation. Enclosed is the appropriate form for reinstatement with a \$ 300.00 check for calendar year 2002-2003.

Please check my address on file to see if it is correct.

I thank you so very much for your understanding on this matter.

Sincerely,



Multi-Services Inc.
Perry Sherman / President