

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 17 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P020000119335

1. Corporation Name

Value Services of Jacksonville, Inc

2. Principal Office Address

5417 Santa Monica Blvd North PO Box 16952

3. Mailing Office Address

PO Box 16952

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

Duval

Zip

322456952

Country

Duval

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-02

5. FEI Number

3D-0133094

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

Edward Meyers

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

5417 Santa Monica Blvd N

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Edward Meyers

REGISTERED AGENT MUST SIGN

Date

11-15-03

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
Pres, Vice Pres, Secy, Treas, Director	Edward Meyers	5417 Santa Monica Blvd N	JAX FL 32207

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:

Edward Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-03

Daytime Phone #

904-591-2514

CR2E081 (10/02)