

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 24 PM 2:36

DOCUMENT # P03000150939

1. Corporation Name

Overview Service\$, Inc.

W07-39320

2. Principal Office Address - No P.O. Box #

PO Box 899
401 NW 15 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33302
33311

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2003

5. FEI Number

20-8367957

☒ 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

Mildred Bolden

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

PO Box 899
401 NW 15 Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33302
33311

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mildred Bolden

Date **August 1, 2007**

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	Mildred Bolden	PO Box 899 401 NW 15 Ave	Ft. Lauderdale, FL 33302 33311
VPD	Tommy Bolden	PO Box 899 401 NW 15 Ave	Ft. Lauderdale, FL 33302 33311

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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 contained in Chapter 119, 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:

Mildred Bolden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/2007

Date

954-394-0989

(954) 462-1023

Daytime Phone #