


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010  
CORPORATION  
~~REINSTATEMENT~~  
ANNUAL REPORT

 FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000150939

1. Corporation Name

Overnew Service, Inc.

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

401 NW 15 Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY -4 AM 8:21

300180277373  
05/04/10--01048--015 \*\*150.00  
CR2E081 (4/10)

KS

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/03

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)

401 NW 15 Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 4/29/10

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
P	Mildred Bolden	401 NW 15 Ave.	Ft. Lauderdale, FL 33311
VP	Tommy Bolden	401 NW 15 Ave.	Ft. Lauderdale, FL 33311

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 Mildred Bolden

4/29/10

(954) 791-1701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #