

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 21 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p05000108037

1. Corporation Name

SAFARI SERVICES 2, INC.

2. Principal Office Address

14033 LUMBERTON FALLS DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32224

USA

000089580680
02/27/07--01017--017 **300.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/2005

5. FEI Number

20-3253158

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

JOSEPH A. MILLER

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

14033 LUMBERTON FALLS DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32224

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


REGISTERED AGENT MUST SIGN

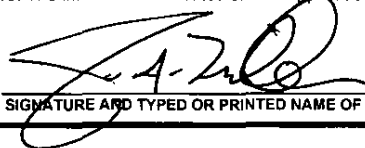
Date **1/30/2007**

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
PRESIDENT	JOSEPH A. MILLER	14033 LUMBERTON FALLS DRIVE	JACKSONVILLE, FL 32224

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:



JOSEPH A. MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2007

Date

(904) 716-0767

Daytime Phone #

B. Mitchell FEB 20 2007

H & R B L O C K

PREMIUM

T A X S E R V I C E S

282

January 30, 2007

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Division of Corporations,

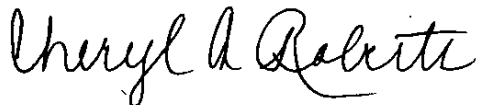
Mr. Joseph A. Miller purchased Safari Services2 Inc. from the former president Mr. John R. Clark in 2006.

Mr. John R. Clark was listed as the president and the corporation's mailing address was Mr. Clarks. Therefore, Mr. Miller never received the Uniform Business Report.

We are filing for reinstatement and respectfully request the abatement of all penalties and interest. Mr. Miller will faithfully file and pay every year now that he is aware of the requirement.

Thank you for your consideration.

Sincerely,



Cheryl A. Roberts
Premium Director