

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC -9 PH 2:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P92000012935**

1. Corporation Name

EXERTECH SERVICE CORP.

Principal Place of Business

620 JUNE BERRY CT
 BOCA RATON FL 33486
 US

Mailing Address

P O BOX 3817
 BOCA RATON FL 33427
 US



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
6209 Woodbury Rd
 City & State
Boca Raton, FL

Zip
33433

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/18/1992

5. FEI Number

65-0370126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SKIDMORE, RAYMOND D	620 JUNE BERRY CT	BOCA RATON FL
P	SKidmore, Raymond D	6209 Woodbury Rd	Boca Raton, FL

700025338787
 12/09/03 01014 009 **750.00

8. Name and Address of Current Registered Agent

SKIDMORE, RAYMOND D
 620 JUNE BERRY CT.
 BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name **SKidmore, Raymond D**
 Street Address (P.O. Box Number is Not Acceptable)
6209 Woodbury Rd
 Suite, Apt. #, Etc.
 City **Boca Raton** State **FL** Zip Code **33433**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Date **11/28/03**

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/28/03**

Date

Daytime Phone #

CR2040 (7/03)