

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078430**

1. Corporation Name

W9Y MAINTENANCE SERVICES, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 13037
 PORT EVERGLADES, FL 33316**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/12/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0452083	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	ROBERT M. JACKSON	121 S.E. 3rd AVE.	DANIA, FL 33004
VP	WILLIAM A. RAMSEY	416 BETHEL ROAD	TROY, SC 29848
S	DONALD S. JACKSON	283 ORANGE AVE.	JACKSONVILLE, FL 32259

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name DAVID RIZZO	
		Street Address (P.O. Box Number is Not Acceptable) 1825 S.E. 35th STREET	
		Suite, Apt. #, Etc.	
		City PORT EVERGLADES	State FL
		Zip Code 33316	

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.

Signature of Registered Agent Date **12/22/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **12/22/99** **954-767-0265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (12/99)