

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 30 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079600

1. Corporation Name

OMNI SERVICES INTERNATIONAL, INC.

100008696191  
10/30/02--01043--003 \*\*150.00

2. Principal Office Address

10334 Macon Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 28308

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32219

Country

USA

Zip

32226

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1993

5. FEI Number

59-3214671

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

Glazier & Glazier, P.A.

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

8825 Perimeter Park Blvd.

Suite, Apt. #, Etc.

Suite 504

City

Jacksonville

State

FL

Zip Code

32216

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.

By: Scott L. Glazier, Its: Vice President

Signature of  
Registered Agent

*Scott L. Glazier*

Date 10/22/02

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/S/ T/D	Larry J. Wilson	11728 Bridges Rd.	Jacksonville, FL 32218

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:

*Larry J. Wilson* Larry J. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-02 (904) 764-0992

Daytime Phone #

CR2E081 (9/01)



Omni Services International, Inc.  
P.O. Box 28308  
Jacksonville, Florida 32226-8308  
(904) 764-0492

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To: Whom it may concern,

The original form for the corporation annual report was never received by us nor was a second notice. We have a second corporation with the same address Omni Demolition Inc., and that one was received and sent out in a timely manner. We ask for your help in resolving this matter promptly. Please allow us to reinstate the corporation without a reinstatement penalty fee as this matter would have been taken care of had we received a form or a second notice by mail. We are including the reinstatement fee along with the completed form. If you have any questions please feel free to call me at (904) 764-0492.

Thank you,

Larry J. Wilson

A handwritten signature in black ink, which appears to read "Larry J. Wilson", is written over the typed name. The signature is fluid and cursive.