

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079600**

1. Corporation Name

OMNI SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

10334 MACON RD
JACKSONVILLE FL 32219
US

P.O. BOX 28308
JACKSONVILLE FL 32226
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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
PSDT	WILSON, LARRY J	11728 BRIDGES ROAD	JACKSONVILLE FL 32218

300029450843
02/26/04--01020--015 **\$300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
SUITE 504
JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Scott L. Glazier

Scott L. Glazier, VP

REGISTERED AGENT MUST SIGN

Date

2/20/04

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:

Larry J. Wilson

Larry J. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

(904) 545-3929

Daytime Phone #

CR2E040 (7/03)



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

To: Whom it may concern,

This letter is to inform you that Omni Services International, Inc. did not receive the 2003 for profit corporation uniform business report (UBR). I would like to apologize for this over site, we are including the reinstatement form and the ~~\$300.00~~ ^{150.00} check for reinstatement.

Sincerely yours,

Larry J. Wilson

\$150.00 2003

+ \$150.00 2004