

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 SEP 15 PM 12:16


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/15/03--01034--017 **458.75

REINSTATEMENT 01-03

WOP

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009717

1. Corporation Name
OPERATOR SERVICE COMPANY OF SOUTH FLORIDA, INC.

2. Principal Office Address <u>4300 S. US HWY 1</u>	3. Mailing Office Address <u>4300 S. U.S. HWY 1</u>
Suite, Apt. #, etc. <u>168</u>	Suite, Apt. #, etc. <u>168</u>
City & State <u>JUPITER FL</u>	City & State <u>JUPITER FL</u>
Zip <u>33477</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 1/31/94

5. FEI Number 650465719

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOHN FORD

Street Address (P.O. Box Number is Not Acceptable)
4300 SOUTH U.S. HWY 1

Suite, Apt. #, Etc. 168

City JUPITER

State FL Zip Code 33477

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 [Signature] Date 9-12-03

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
<u>PRES.</u>	<u>JOHN FORD</u>	<u>364 MAGNOLIA DR</u>	<u>JUPITER, FL 33458</u>
<u>SEC TREAS.</u>	<u>SUSAN FORD</u>	<u>351 KINGFISHER DR</u>	<u>JUPITER FL 33458</u>

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: [Signature] PRES. JOHN FORD Date 9-12-03 Daytime Phone # 5617484033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (1/02)