

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000052876

1. Entity Name
CENTURY SERVICE SYSTEMS, INC.



Principal Place of Business
1055 SW 30TH AVE.
DEERFIELD BEACH, FL 33442 US

Mailing Address
1055 SW 30TH AVE.
DEERFIELD BEACH, FL 33442 US

FILED

05 NOV 18 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0505139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LANGBAUM, GARY~~
C/O CENTURY SERVICE SYSTEMS, INC.
1055 S.W. 30TH AVE.
DEERFIELD BEACH, FL 33442

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BROWN, KENNETH
STREET ADDRESS 2201 N.W. 57TH STREET
CITY-ST-ZIP BOCA RATON, FL 33494

TITLE ☐ Change ☐ Addition
NAME 300061687253
STREET ADDRESS 11/28/05--01003--005 **150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LANGBAUM, GARY
STREET ADDRESS 2301 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/05

Date

954 421-3344

Daytime Phone #