

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

10f2

APPLICATION
FOR
REINSTATEMENT



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

00 OCT 19 PM 1:29

DOCUMENT # **P94000070709**

1. Corporation Name

SPECIAL SERVICES INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

517 WILLOW BROOK ST.
ST. AUGUSTINE FL 32086

517 WILLOW BROOK ST.
ST. AUGUSTINE FL 32086



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

2. New Principal Office Address, If Applicable **5560 Easton Glen Ct** 3. New Mailing Office Address, If Applicable **5560 Easton Glen Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32311

Country

US

Zip

32311

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

09/26/1994

5. FEI Number

59-3317814

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
P	WHIDDON, TALMADGE	517 WILLOW BROOK ST.	ST. AUGUSTINE FL 32086

000003441670--1

-10/27/00--01018--012

*****150.00 *****150.00

00 UBR TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHIDDON, TALMADGE
517 WILLOW BROOK ST.
ST. AUGUSTINE FL 32086

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.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **18 OCT 00**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 OCT 00 850-402-7625


2082

18 OCT 00

To Whom it may Concern:

I am employed by the Florida Dept. of Law Enforcement
as a Special Agent. I had been working in Jacksonville with
FPLE and was transferred to Tallahassee. I have not received
any mail from the Dept. of Corporations until I received
this Dissolution at my mother's house here in Tallahassee.
I request that my Corporation, Special Services International
be reinstated. ~~Thank~~

Should you have any questions please contact me
at, ~~904~~ 850-402-7625. My new address here
in Tallahassee is 5560 Easton Glen Ct., Tallahassee, FL 32311

Respectfully, 
TAC Wheldon.