

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016861

1. Corporation Name

210 Service, Inc.

2. Principal Office Address

1725 CR 210 West

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32259

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/95

5. FEI Number

59-3304568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED YES

\$8.75 Additional Fee required
for a Certificate of Status

98203

7. Name and Address of Current Registered Agent

Name

M. Tarek Koleilat

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

3584 Red Cloud Trail

Suite, Apt. #, Etc.

City

St. Augustine, FL

State

FL

Zip Code

32086

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date October 2003

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/D	M. Tarek Koleilat	3584 Red Cloud Trail	St. Augustine, FL 32086
S/T D	Nancy J. Koleilat	3584 Red Cloud Trail	St. Augustine, FL 32086

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:

M. Tarek Koleilat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

(904) 797-4462

Daytime Phone #

CR26081 (10/02)

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