

APPLICATION FOR REINSTATEMENT OF STATE DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # 905000045595

1. Corporation Name

ESSENTIAL PRODUCTS & SERVICES INC.

Mailing Address

Principal Place of Business

Post office 4474

Plant City, FL

33564

4336 Knights Station Rd.

Lakeland, FL

33810

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

FILED

97 SEP -8 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6-13-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3320529

Applied For

Not Applied

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee reqd 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 (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
ATD	SHEPHERD, DOUGLAS E.	1621 EVERS ROAD	LITHIA, FL 33547
VSD	ALLEN, GLADYS	936 Delaney Circle Unit 107	BRANDON, FL 33511

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****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL
33134

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 for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AmeriLawyer Chartered

Signature of Registered Agent BY:

Vice President

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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 this reinstatement application on the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that fees owed by the corporation have been paid. 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:

G. Laches Allen

941-815-2700