

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 29 AM 7:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P96000021903

1. Corporation Name

**Selective Services Business
INC.**

2. Principal Office Address

1612 NW Boca Raton Blvd

Suite, Apt. #, etc.

11

City & State

Boca Raton FL

Zip

33432

Country

Palm Bch

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

9800

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-96

5. FEI Number

593362829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tommie Earl Mims

100003380081--3

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

1612 NW Boca Raton Blvd

Suite, Apt. #, Etc.

Suite 11

City

Boca Raton

State

FL

Zip Code

33432

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

Tommie Mims

REGISTERED AGENT MUST SIGN

Date

8/28/00

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

president Tommie Earl mims

**928 NW 4th Ave
Unit 1**

Fort Lauderdale FL 33311

100003380081--3

**09/01/00-01040-012
****700.00 ****700.00**

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:

Tommie Mims Tommie Earl mims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/28/00 954-229-8300

Daytime Phone #

KE

CR2E081 (9/99)