

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Governor of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -7 PM 2:32

DOCUMENT # P96000067721

1. Corporation Name

ORTIZ'S SERVICE CENTER, INC.

Principal Place of Business

3403 SOUTH US HWY ONE  
FT. PIERCE FL 34982  
US

Mailing Address

3403 SOUTH US HWY ONE  
FT. PIERCE FL 34982  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1996

5. FEI Number

65-0710271

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ORTIZ, ANTHONY	3403 SOUTH US HWY ONE	FT. PIERCE FL 34982
<del>VP</del>	<del>ORTIZ, BARBARA</del> - Delete - 10/12/01	<del>3403 SOUTH US HWY ONE</del>	<del>FT. PIERCE FL 34982</del>
			100004699561--8 11/30/01 01014 017 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

ORTIZ, ANTHONY  
3403 SOUTH US HWY ONE  
FT. PIERCE FL 34982

9. Name and Address of New Registered Agent

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

Registered Agent → *[Signature]*  
Signature of Corporation  
REGISTERED AGENT MUST SIGN

Date

10/21/01

10/12/01

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

CR2040 (9/01)