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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000007421**

Above Action Specialty Services, Inc.

**8457 NW 61st Street
Miami, FL 33165**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

210 University Drive 502

City and State

Zip Code

Coral Springs, FL 33071

3. If Principle Office Address is different from mailing address, enter address below:

Address

REINSTATEMENT 03.99

4. Date Incorporated or Qualified
To Do Business in Florida
01/24/97

5. FEI Number
65-0721762

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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
P	Humberto Calero	6952 SW 47th Street	Miami, FL 33155

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

**HUMBERTO CALERO
8457A NW 61st Street
Miami, FL 33165**

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

210 University Drive #502

Street Address (Do NOT Use P.O. Box Number)

Coral Springs, FL 33071

City

State

Zip

FL.

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

X 
REGISTERED AGENT MUST SIGN

Date

03-11-99

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 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., and that all 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 of
Officer or Director

X 
Typed or printed name of signing officer or director **Humberto Calero**

Date **2-15-99**

Daytime Phone # **954-346-7258**