

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 23 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021648

1. Corporation Name

REPORT Pick-up Service, Inc. Hollywood

2. Principal Office Address

18260 Mediterranean Blvd

Suite, Apt. #, etc.

#906

City & State

Miami

Zip

33015-5700

Country

U.S.

3. Mailing Office Address

PO Box 171210

Suite, Apt. #, etc.

City & State

Miami 71

Zip

33017

Country

U.S.

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

3/10/97

5. FEI Number

59-3442491

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

Guy R. Markley III

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

17832 NW 63rd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/13/01

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
DPT	Markley, Guy R III	17832 NW 63rd	Miami, FL 33015
DVS	Markley, De Carol	6456 SW 28th St	Miami, FL 33023

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5) 979-1630

Daytime Phone #

CR2E081 (9/00)