

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000045129

1. Corporation Name

ACQUISITION SERVICES OF AMERICA, INC.

Principal Place of Business

1503 TRADEWINDS AVE  
LAKELAND FL 33801  
US

Mailing Address

1503 TRADEWINDS AVE  
LAKELAND FL 33801  
US

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

2. New Principal Office Address, if Applicable

70702 South Florida Ave

Suite, Apt. #, etc.

SUITE 12

City & State

LAKELAND FL

Zip  
33813

Country

POAK

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/1997

5. FEI Number

62-1693870

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee must be paid 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LITTLE, GEORGE R	1503 TRADEWINDS AVE	LAKELAND FL 33801

588883861125--0  
-12/06/99--01021--008  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

LITTLE, GEORGE R  
1503 TRADEWINDS AVE  
LAKELAND FL 33801

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 607.0606, F.S.

Signature of  
Registered Agent

*George R. Little*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/9/99

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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE R. LITTLE

Date

11/9/99 863 709 0051

Daytime Phone #