

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057468

1. Corporation Name

SERVICE CONSULTANTS, INC.

Principal Place of Business

656 D CAPITAL CIR NE
TALLAHASSEE FL 32308
US

Mailing Address

656 D CAPITAL CIR NE
TALLAHASSEE FL 32308
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

05-12-02 90567 005 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1997

5. FEI Number

59-3464041

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
D	KEITH, PAUL	656 D CAPITAL CIR NE	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

10/28/02
Date

850-307-1530
Daytime Phone #

CR2E040 (8/02)

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

MAY 08 2002

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
- FOR FINANCIAL INSTITUTION USAGE ONLY:


2221 70110

MAY 17 02

BANK OF AMERICA, NA JAX
#0630600474 11530 90 P1

65/17/102

FEDERAL RESERVE BOARD OF REG. CO

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Security Features

Security Screen

Microprint Signature Line

Chemical Sensitivity

Padlock Icon

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• HARLAND STYLE XKJ

PAY
TO THE
ORDER OF

SERVICE CONSULTANTS, INC.
DBA SERVICEMASTER
COMMERCIAL SERVICE OF TALLAHASSEE
656 D Capital Circle NE
Tallahassee, FL 32308
Phone 850-309-1530

DATE

~~201-25682~~

80095496

6740

83-1011/632

DOLLARS

150.00

Priority Features Details on Page 2.

FOR Bear Report 59-3464041

THE RELATIONSHIP, PEOPLE

FAMESOUTH BANK

One Hundred 75

Department of State

Paul Dietz

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Payment was made & deposited on time, all other correspondence were answered. if you have any questions please call.

309-1530

Paul Keitz