

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 20 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**

400120820674  
03/20/08--01004--025 \*\*2883.75

CR2E081 (12/07)

**DOCUMENT #** Service Specialists, Inc.

1. Corporation Name  
P97000075909

2. Principal Office Address - No P.O. Box # 117 E. AMELIA ST Suite, Apt. #, etc.		3. Mailing Office Address 117 E. AMELIA ST Suite, Apt. #, etc.	
City & State ORLANDO, FL.		City & State ORLANDO, FL.	
Zip 32801	Country USA	Zip 32801	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/19/2001	
5. FEI Number 105-0781825	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
PHILIP LEADER

Street Address (P.O. Box Number is Not Acceptable)  
117 E. AMELIA ST

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32801

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *P. Leader* Date 03/18/2008

REGISTERED AGENT MUST SIGN

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
P	CAMERON LAVASSANI	4684 MANTER CT.	CASTRO VALLEY, CA. 94552

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 contained in Chapter 119, 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: *Cameron Lavassani* CAMERON LAVASSANI Date 03/18/2008 Daytime Phone # 310-854-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR