PLEASE READ	ALL INST	TRUCTIONS	BEFORE C	OMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # p97000095563 (7)				98 NOV 30 PM 2: 14	
1. Corporation Name AROUND THE CLOCK AIRPORT SERVICE, INC.				SECRETATY OF STATE TALLAMASSEE, FLORIDA	
Principal Place of Business Mailing Address					
Goral Springs, Fl 33067 Coral Springs, Fl 33067 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				7000027063273 -12/08/9301067024 ****750.00 ****750.00	
		ing Office Address, If		Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt. #, etc.		atc.		11/06/97	
City & State City & State				65-0798588 Applied For Not Applicable	
Zip Country	Zip	Countr	у.	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 (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)	
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		City / State / Zip		
/P/B Breen		4955 NW 58 Terr		Coral Springs, El 33067	
T/S/UMARC GREEN	4955 W.W. 58 THTERY CORAL Springs F1 33067				
			NSTAT	EMENT 98 12-2-98	
r			·	51 12°	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name					
				even Green dress (P.O. Box Number is Not Acceptable) 55 NW 58 Terr	
135 SE 5 AVB			4955 Nu Suite, Apt. #, Etc.	J 58 Terr	
Delray Beach, Fl 33483				State Zip Code	
City Coral Springs , State Zip Code 33067 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 Successful Pate 11/2/8 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (See other side for information on intangible tax.)					
12. 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 # M 2 954-753-01/3					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					