SEP-29-1999 11:03 EMPIRE CORP 305 541 3770 P.02/03

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -9 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069046

1. Corporation Name
Selective Services, Inc

Principal Place of Business
1955 NW 55th Ave
Margate, Florida 33063

Mailing Address
SAME

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

n99000305259?--5
-11/23/99--01021--012
****758.75 ****758.75

REINSTATEMENT 99

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

4. Date Incorporated or Qualified To Do Business In Florida: Sept 14, 1998

5. FEI Number: 65-0857098 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/T	Richard R. LePore	6781 LAS Colinas Lane	Lake Worth, FL 33467
D/VP	Robert Tilley	1110 SW 32nd Ave	FT. Lauderdale, FL 33315
D/P	PAUL F. Rose	4985 NW 10th St.	Coconut Creek, FL 33063

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: William H. Bataglias
Street Address (P.O. Box Number is Not Acceptable): 3940 Sheridan Street, Suite 104
Suite, Apt. #, Etc.:
City: Hollywood | State: FL | Zip Code: 33021

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: [signature] REGISTERED AGENT MUST SIGN Date: 11-2-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (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: Paul F. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Nov. 2, 1999
Daytime Phone #: 954-849-2916