

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

CP-OWAR

FILED

00 JAN 19 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100767

1. Corporation Name

ADVANCE SERVICE PRO, INC.

Principal Place of Business

Mailing Address

8222 WILES ROAD
SUITE 117
CORAL SPRINGS FL 33067

8222 WILES ROAD
SUITE 117
CORAL SPRINGS FL 33067



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0879479

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KATHERINE BLACKWELL	9150 NW 47th Court Coral Springs, FL 33067	

500003142935--5
-02/22/00--01053--010
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE, PETER A
2101 N ANDREWS AVE
SUITE 200
FT. LAUDERDALE FL 33311

Name KATHERINE BLACKWELL
Street Address (P.O. Box Number is Not Acceptable) 9150 NW 47th Court
Suite, Apt. #, Etc.
City CORAL SPRINGS State FL 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

KATHERINE BLACKWELL

REGISTERED AGENT MUST SIGN

Date

1-11-00

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:

KATHERINE BLACKWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-00 753-8525

Daytime Phone #

KE

ADVANCE SERVICE PRO, INC.

COMPLETE BUILDING MAINTENANCE

COMMERCIAL INDUSTRIAL

COMPLETE JANITORIAL SERVICES FLOORS STRIP* SEALED WAX

1-13-00

Department of State
Division of Corporations
PO Box 6327
Tallahassee, fl. 32314

Dear Sirs,

I never received a notice for my renewal of Corporation for year 1999. Our original Corporation was qualified 12-1-98, the corporation thought we would not owe a fee until 12-1-99. I received a Notice of Administrative Dissolution or Revocation. I called the Department and was advised to send letter to that effect, and send check for 1999, and 2000, in the amount of \$300.00.

Sincerely,



Kathy Blackwell
President