

1072
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # P99000081941

1. Corporation Name

OVATION SERVICES INCORPORATED

REINSTATEMENT 03-04

2. Principal Office Address

596 N. Indigo Rd

Suite, Apt. #, etc.

3. Mailing Office Address

POB 163055

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

Seminole

Zip

32716

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/1999

5. FEI Number

59-3594942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Betty J. Schaecher

Street Address (P.O. Box Number is Not Acceptable)

596 N. Indigo Rd.

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code

32714

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

Betty Jean Schaecher

Date April 30, 2004

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	Schaecher, Betty J.	596 N. Indigo Rd	Altamonte Springs, FL 32714
D/S	Berkley, Richard L.	596 N. Indigo Rd	Altamonte Springs, FL 32714

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 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:

Betty Jean Schaecher
BETTY J. SCHAECHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

407
261-9370
Daytime Phone #

292

Ovation Services

Incorporated

POB 163055, Altamonte Springs, Fl. 32716

Phone: 407-261-9370 Fax: 407-261-0481

Email: OvationServices@cfl.rr.com

Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

April 30, 2004

Re: Ovation Services Incorporated, Document # P99000081941, FEI 59-3594942

Sirs,

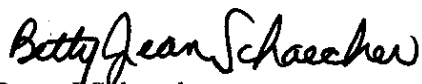
Enclosed is a form for Corporation Reinstatement for the above referenced company.

Per our telephone conversation this date, it appears that the non-filing of the 2003 Report was due to non-receipt of the applicable documents for filing. Upon research of documents, we found that the mailing address was incorrect, i.e. the PO Box is 163055, not 16355. Please make the appropriate corrections.

Enclosed also is our check for \$308.75 for fees applicable for both the 2003 and 2004 business years, plus \$8.75 for a Certificate of Status.

Thank you for your assistance in this matter.

Sincerely



Betty J Schaecher
President and Registered Agent
Ovation Services Incorporated