

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 29 PM 4:06

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099214

1. Corporation Name

Research Services Corp.

2. Principal Office Address

1289 Magnolia Drive

3. Mailing Office Address

2200 B Douglas Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater, FL

City & State

Roseville, CA

Zip

33756

Country

USA

Zip

95661

Country

USA

REINSTATEMENT

CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1999

5. FEI Number

65-0958153

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

William B. Halverson

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

1289 Magnolia Drive.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

William B. Halverson

Date 3-28-2006

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
Pres	Ljubodrag Zivkovic-Behnke	2200 B Douglas Blvd., Suite 100	Roseville, CA 95661

800073757048

05/02/06--01063--015 **1350.00

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:

Ljubodrag Zivkovic-Behnke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/15/06

Daytime Phone #