

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *S96210*

1. Corporation Name

Service Center Associates, Inc.
11224 Indian Trail
Dallas, Texas 75229

Principal Place of Business

Mailing Address

Service Center Associates, Inc.
P. O. Box 29619
Dallas, Texas 75229

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-25-91

5. FEI Number

59-3094988

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILLIAM V. GRIFTNER	11224 INDIAN TRAIL	DALLAS, TEXAS 75229
S	Mick Jensen	8801 South 137th CIRCLE	OMAHA, NEBRASKA 68138
D	Chris Weiss	1401 Freedom Drive	CHARLOTTE, NC 28208
D	Richard Wood	11A Old Windsor Road	BLOOMFIELD, CT 06002

8. Name and Address of Current Registered Agent

Fred E. Howell
3431 Worsham Place
Titusville, Fl 32780-5208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Fred E. Howell

REGISTERED AGENT MUST SIGN

Date

3-6-98

11. This corporation owes or has paid 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:

William V. Griftner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM V. GRIFTNER

02/05/98 972-620-2494
Date Daytime Phone #

CP2E040 (1/98)