

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V07417

1. Corporation Name

OVERTIME SERVICES, INC.

Principal Place of Business

**1601 BELVEDERE RD
SUITE 108-E
WEST PALM BEACH FL 33406**

Mailing Address

**1601 BELVEDERE RD
SUITE 108-E
WEST PALM BEACH FL 33406**

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

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

01/17/1992

5. FEI Number

65-0373798

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FINNERTY, TIMOTHY	719 MARSHALL RD	WEST PALM BEACH FL

8. Name and Address of Current Registered Agent

**FINNERTY, TIMOTHY
719 MARSHALL ROAD
SUITE 408
W. PALM BEACH FL 33406**

9. Name and Address of New Registered Agent

Name

Timothy Finnerty

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

719 Marshall Rd

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33413

CR2EC40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

Daytime Phone #

561-686-3500



2012

O. T. Services, Inc.

1601 Belvedere Road • Suite 108 • East Tower • West Palm Beach, Florida 33406

October 22, 2002

Florida Department of State
Mr. Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2002 Uniform Business Report

Dear Mr. Smith:

Today I received a letter from you stating that our corporation, O.T. Services, Inc., had failed to file its 2002 corporation annual report/uniform business report. I am writing you to explain that this was the first notice we received this year concerning this matter. I understand that notice was to be sent sometime between January 1st and May 1st of this year, and that a second notice should have been sent out after that, but we never received any notice. I am sending a check for the \$150.00 and asking that the reinstatement fee be waved. I have looked through all of my files and we definitely never received any other notice. Thank you for your time and attention.

Sincerely,

A handwritten signature in cursive script that reads 'Timothy Finnerty'.

Timothy Finnerty
O.T. Services, Inc.