

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.

FILED
02 OCT 28 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 458

Principal Place of Business Mailing Address
1601 BELVEDERE RD 1601 BELVEDERE RD
SUITE 108-E SUITE 108-E
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406



200008617062
10/28/02--01063--019 **150.00

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 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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: 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 719 Marshall Rd, City West Palm Beach, State FL, Zip Code 33413

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] 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/22/02 Daytime Phone #: 561-686-3500

CR2EC40 (8/02)



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,

Timothy Finnerty
O.T. Services, Inc.