PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 NOV 19 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G24896

1. Corporation Name

CSVS, INC.

Principal Place of Business	Mailing Address
4422 RIDGELINE CIR TAMPA FL 33624-2229 US	4422 RIDGELINE CIR TAMPA FL 33624-2229 US

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: 02/21/1983

5. FEI Number: 59-2285696 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	VAN SKAIK, ALBERT LORENZ	4422 RIDGELINE CIRCLE	TAMPA FL
PD	VAN SKAIK, CARLA S.	4422 RIDGELINE CIRCLE	TAMPA FL

700002694607--2
-11/23/98--01146--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VAN SKAIK, ALBERT LORENZ 4422 RIDGELINE CIRCLE TAMPA FL 33624	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/98)

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 Albert L. Van Skaik SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/12/98

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: Carla S. Van Skaik SIGNATURE REQUIRED 11/17/98 (813) 962-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SPECIALIZING IN
MERCEDES BENZ

C S V S, I N C.

AND OTHER FINE CARS

2401 N. 35th Street Tampa, FL 33605

PHONE: (813) 247-6858
FAX: (813) 962-0054

November 17, 1998

Division of Corporations
Annual Reports / Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

RE: 59-2285696

I spoke with someone in this section named Andy yesterday. He instructed me to complete the reinstatement form and forward another check for $150, along with copies of my previous correspondence. It was indicated to me that this office shows now record of receiving our previous correspondence. However, as you can see, I have made numerous attempts to correct the situation. Hopefully, this can be handled expediently to correct the current situation.

Thanks in advance.

Sincerely,

Carla Van Skaik

Carla Van Skaik