

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003094

1. Corporation Name

The Alachua County Computer Users Group, Inc.

2. Principal Office Address - No P.O. Box #

3334 NW 4th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip
32609

Country
US

3. Mailing Office Address

3334 NW 4th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip
32609

Country
US

REINSTATEMENT 04-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number 59-3530615

☐ 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
Greg Barton

Street Address (P.O. Box Number is Not Acceptable)
3334 NW 4th Street

Suite, Apt. #, Etc.

City
Gainesville

State
FL

Zip Code
32609

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature: Greg Barton]

REGISTERED AGENT MUST SIGN

Date 3/2/2007

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
P	Barton, Greg	3334 NW 4th Street	Gainesville, FL 32609
T	Stone, Irwin	3307 NW 51st Terrace	Gainesville, FL 32606
S	Bishop, Bob	17823 NW County Road 237	Alachua, FL 32615
Y	Barram, Robert	2103 NW 36th Terrace	Gainesville, FL 32605

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: *[Handwritten Signature: Greg Barton]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG BARTON

Date

3/2/2007

Daytime Phone #

(352) 372-4765

jc 3/7