

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:10

DOCUMENT # **462448**

1. Corporation Name

COMPASS MICROFILM SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12095 E TERRY ST
BONITA SPRINGS FL 34135
US

Mailing Address

12095 E TERRY ST
BONITA SPRINGS FL 34135
US

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

10/01/1974

5. FEI Number

56-1565148

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 3	City / State / Zip 4
P	ALLEN, JAMES A	12095 E TERRY ST	BONITA SPRINGS FL
S	ALLEN, PEGGY M	12095 E TERRY STREET	BONITA SPRINGS FL

500009019965
11/15/02--01031--014 **150.00

8. Name and Address of Current Registered Agent

ALLEN, JAMES A
12095 E TERRY ST
BONITA SPRINGS FL 34135

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

CR2E040 (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

10/28/02

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

Date

Daytime Phone #

239-495-5666

Compass Microfilm Services, Inc.
12095 East Terry Street
Bonita Springs, Florida 34135
Phone: 239-495-5666

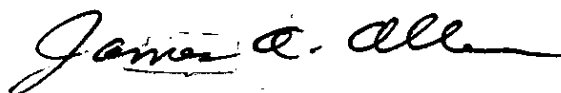
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

DATE: 10/28/02

To Whom it may concern:

I called your office to figure out why we were not notified about the renewal earlier and was informed to write this letter stating the prior UBR notices were not received.

Enclosed is our check for \$150.00 and the application for the renewal. Thank you for your help in this matter.



James A. Allen, President
Compass Microfilm Services, Inc.