

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JUL 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **560975**

1. Corporation Name

COMPU ADVISORY SERVICES, INC.

Principal Place of Business

**709 DOUGLAS DRIVE
P.O. BOX 3071
TEQUESTA FL 33469**

Mailing Address

**709 DOUGLAS DRIVE
P.O. BOX 3071
TEQUESTA FL 33469**



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

03/01/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2689979

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	WOOD, JOHN A	709 DOUGLAS DRIVE	JUPITER FL
VS	WOOD, JOHN A	709 DOUGLAS DRIVE	JUPITER FL

000021833250
07/28/03--01014--010 ***300.00

8. Name and Address of Current Registered Agent

**WOOD, JOHN A
709 DOUGLAS DRIVE
JUPITER FL 33458**

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

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

John A Wood **SIGNATURE REQUIRED** *John A Wood* Date **7-18-2003**
REGISTERED AGENT MUST SIGN

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:

John A Wood **SIGNATURE REQUIRED** *John A Wood* Date **7-18-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)



*Compu Advisory Service, Inc.
PO Box 3071
Tequesta, FL 33469*

*voice: 561.746.0635
email: jwoodcas@aol.com
web cas-soft.com*

July 18, 2003

Subject: Application for Reinstatement

To whom it may concern;

I hereby request reinstatement of my Co., Compu Advisory Service, as a Florida Corporation. My office help, (wife), has been in and out of the hospital for the past three years and failed to file, or notify me that we had not filed.

Enclosed is a check for \$300.00 in anticipation that my request will be approved.

Thank you,

john wood