

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED *pg 1 of 2*

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 617809

1. Corporation Name  
DATA SYSTEMS OF NORTH FLORIDA, INC.

**97AR**

97 NOV 10 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4209 NW 60TH AVE.  
GAINESVILLE FL 32653  
US

Mailing Address  
P.O. BOX 12665  
GAINESVILLE FL 32604  
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/18/1979	
City & State		City & State		5. FEI Number	
Zip		Country		59-1924151	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
PVTD	JONES, W S	2508 SW 35 PL #1 4209 NW 60th Ave	GAINESVILLE, FL 00000-32653
SD	JONES, HEATHER S	2508 SW 35 PL #1 4209 NW 60th Ave	GAINESVILLE, FL 00000-32653
			600002346706--5
			-11/13/97--01085--002
			****165.00 ****165.00
<i>A. Alan 11/10/97</i>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'CONNOR, SEAN 5024 NW 27TH CT. GAINESVILLE FL 32606		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>
		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.

Signature of Registered Agent *Sean O'Connor* REGISTERED AGENT MUST SIGN Date *11/6/97*

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *11-05-97* 352-3736156 Daytime Phone #

CP2E040 (8/97)

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# Data Systems

Consulting • Networking  
Installation & Support  
Facilities Management

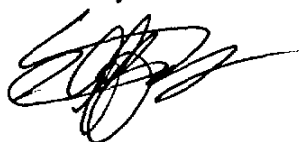
To: Division of Corporations  
From: Stafford Jones  
Date: 11-95-97

Re: Annual Corporate Report and Reinstatement

My wife has cystic fibrosis (a genetic lung disease). In the past year, her health has been extremely difficult to manage. She has spent nearly 10 of the last 12 months in the hospital. Because of this, I have had to take care of our young son and our household entirely on my own. When my wife has been home from the hospital, I have had the added pressure of caring for her, as well. Because of this, I could not take care of the annual corporate report in a proper fashion. Our health insurance is in the name of the corporation, and I need my corporation to allow me to take care of my wife. Having my own corporation is what allows me to work from home and also help take care of my wife and family. I need to have my corporation re-instated. I cannot, however, afford to pay the late and re-instatement fees. I am forced to spend about \$600 per month on health insurance for my wife. Not having to pay the re-instatement fees would provide me one more months worth of health insurance. I respectfully request that you accept this check for \$165 and re-instate my corporation.

Please feel free to contact me if you have any questions.

Thank you.



Data Systems of N. Florida, Inc.  
P.O. Box 12665  
Gainesville, Florida 32604-0665  
(352) 373-6156  
(352) 335-6680 Fax