

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

96 NOV -8 PM 12: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 673685

1. Corporation Name

DECADE COMPUTER SERVICES, INC.

Principal Place of Business

Mailing Address

6894 NW 20TH AVE.  
FT LAUDERDALE FL 33309

6894 NW 20TH AVE.  
FT LAUDERDALE FL 33309

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

REINSTATEMENT

9600

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1999

5. FEI Number

59-2011368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
-PD	BIRCH, ROBERT H.	9127 N.W. 20TH MANOR	CORAL SPRINGS FL
-VPD	JAMES, JESSE	5000 GT RD 579	SEFFNER, FL 33580
-S	WELSBY-CABET, CECILE D.	7000 S.W. 5TH STREET	NORTH LAUDERDALE FL
P.S.T. BIRCH, ROBERT H. 9127 N.W. 20TH MANOR CORAL SPRINGS FL			
600002004 126-9			
-11/14/96--01023--004			
****410-00 ****410-00			

8. Name and Address of Current Registered Agent

BIRCH, ROBERT H.  
9127 N.W. 20TH MANOR  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

X Robert H. Birch

REGISTERED AGENT MUST SIGN

REQUIRED

Date

9/24/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

X Robert H. Birch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. BIRCH

9/24/96 (254) 973-3590

Date

Daytime Phone #