

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 JUL 28 AM 8:22

DOCUMENT # **850824**

1. Corporation Name
Development Systems Associates, Inc.

1100002955421--8
 -08/10/99--01028--019
 ***1358.75 ***1358.75

REINSTATEMENT 95-59

Principal Place of Business Mailing Address

1106 Pinehurst Road Dunedin, FL 34698 **1106 Pinehurst Road Dunedin, FL 34698**

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

4. Date Incorporated or Qualified To Do Business in Florida
10/26/1981

5. FEI Number
59-2118226

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PS	William J. Fry	234 Aberdeen Street	Dunedin, FL 34698
D	Karen Scully	314 Island Circle	Sarasota, FL 34242
D	Robert Otto	14190 Iroquois Avenue	Largo, FL 34644
D	Kim Walker	209 Nestlebranch Drive	Safety Harbor, FL 34695

8. Name and Address of Current Registered Agent

William J. Fry
234 Aberdeen Street
Dunedin, FL 34698

9. Name and Address of New Registered Agent

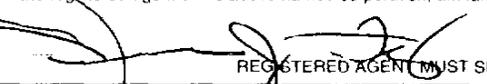
Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

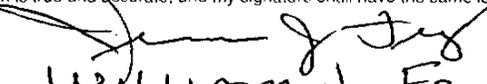
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  Date: **7/23/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:  **William J. Fry, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/23/99** Daytime Phone #: **727-734-3411**

CR2E01 (12/98)