

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

DOCUMENT # 850824

99 JUL 28 AM 8:22

1. Corporation Name  
Development Systems Associates, Inc.

Principal Place of Business 1106 Pinehurst Road Dunedin, FL 34698	Mailing Address 1106 Pinehurst Road Dunedin, FL 34698
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100002955421--8  
-08/10/99--01028--019  
\*\*\*1358.75 \*\*\*1358.75

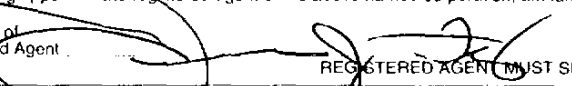
REINSTATEMENT 95-59

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 10/26/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2118226	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
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
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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:  REGISTERED AGENT MUST SIGN Date 7/23/99

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:  PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 7/23/99 Daytime Phone # 727-734-3411

CR2E051 (12/98)