

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

NOV -2 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003153

1. Corporation Name

WAREFORCE INCORPORATED

Principal Place of Business

Mailing Address

2361 ROSECRANS AVE., SUITE 155
EL SEGUNDO CA 90245

~~1700 B ROSECRANS AVENUE~~
~~MANHATTAN BEACH CA 90266~~



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

06/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

95-3987659

Applied For

Not Applicable

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	City / State / Zip
P	ILLSON, JIM	2361 ROSECRANS AVE., SUITE 155	EL SEGUNDO CA 90245
S	RICKETTS, DAN	2361 ROSECRANS AVE., SUITE 155	EL SEGUNDO CA 90245
T	HUGHES, DON	1700 B ROSECRANS AVE. 2361 ROSECRANS AVE #155	MANHATTAN BEACH CA 90266 EL SEGUNDO, CA 90245
CD	RECHTMAN, ORIE	2361 ROSECRANS AVE., SUITE 155	EL SEGUNDO CA 90245

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, JIM

~~8474 NORTH MONROE STREET~~
TALLAHASSEE FL 32303

Name

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

3201 JAMEY ROAD

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.

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***750.00 ***750.00

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGHES

Date

Daytime Phone #

10-30-01 30725558