

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -3 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F39947**

1. Corporation Name

MTD COMPUTER SERVICES, INC.

Principal Place of Business

Mailing Address

2561 NURSERY ROAD
SUITE B
CLEARWATER FL 34624
US

2561 NURSERY ROAD
SUITE B
CLEARWATER FL 34624
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1981

5. FEI Number

59-2936575

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)

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
DVTS	GROULX, JOHN, JR.	2561 NURSERY ROAD, SUITE B	CLEARWATER FL
DP	GROULX, DANA	2561 NURSERY ROAD, SUITE B	CLEARWATER FL
100002051941-8 -01/09/97--01019--019 ****375.00 ****375.00			
JBI-6-97			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAYNARD, WILLIAM T., JR.
100 SECOND AVE., S., SUITE 1202
ST. PETERSBURG FL 33701

Name

William T. Baynard, Jr.

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

1700 9th Street N.

Suite, Apt. #, Etc.

St. Petersburg, FL

City

St. Petersburg

State

Zip Code

FL

33704-4206

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

W T Baynard

REGISTERED AGENT MUST SIGN

Date 12/29/96

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)(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:

W T Baynard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 29, 1996

Date

(813) 532-4800

Daytime Phone #