

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F95000002106

1. Corporation Name

COMPUTER SYSTEMS EXCELLENCE INC.

FILED

97 NOV -5 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6161 9TH ST N.  
SUITE 202  
ST PETERSBURG FL 33703

Mailing Address

6161 9TH ST N.  
SUITE 202  
ST PETERSBURG FL 33703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 Belleair Dr. N.E.

Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

Zip  
33704

Country

3. New Mailing Office Address, If Applicable

300 Belleair Dr. N.E.

Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

Zip  
33704

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business In Florida

05/01/1995

5. FEI Number

59-3222429

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
OP	FREEMAN, MARK T	115 112TH AVE N. APT#110	ST PETERSBURG FL 33716
SOCP	ADAMS, ALLAN W	300 BELLAIR DR	ST PETERSBURG FL 33704
TD	ADAMS, LYNN K	300 BELLAIR DR	ST PETERSBURG FL 33704

8. Name and Address of Current Registered Agent

FREEMAN, MARK T  
6161 9TH ST N.  
SUITE 202  
ST PETERSBURG FL 33703

9. Name and Address of New Registered Agent

Name  
ALLAN ADAMS  
Street Address (P.O. Box Number Is Not Acceptable)  
300 Belleair Dr. N.E.  
Suite, Apt. #, Etc.

City  
St. Petersburg  
State  
FL  
Zip Code  
33704

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  
ALLAN W. ADAMS  
REGISTERED AGENT MUST SIGN

Date  
10/31/97

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/97 (813) 896-2731