

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -8 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001525

1. Corporation Name

COMPUTER SYSTEMS AUTHORITY INCORPORATED

Principal Place of Business

Mailing Address

6380 LBJ FRWY, STE 181
DALLAS TX 75240

6380 LBJ FRWY, STE 181
DALLAS TX 75240



REINSTATEMENT

2000

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

03/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0417145

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	Gary Goodman	1555 Bent Creek Drive	Southlake, TX 76092
COO	Kathleen Pritchett	1616 Lorraine Dr	Plano, TX 75074
VP	Mary Lou Weiss	5464 Vistaire Pl	Langley, WA 98260
S/D	Trace A. Pate	2517 Roper Dr	Plano, TX 75025
T	Jackie Nash	2419 Whitetail Dr	Mesquite, TX 75181
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Denise Bonvicino

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

1129 Dana Court

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/17/00

11. I certify that I am an officer, director or the receiver or trustee empowered to execute this application as provided for in chapter 607 of 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-2000

Date

972-960-0180

Daytime Phone #

CR2E040 (8/00)