

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

00 OCT 18 PM 3:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G53117**

1. Corporation Name
RCM COMPUTER SERVICES, INC.

Principal Place of Business Mailing Address

% ROBERT C. MCPHERSON % ROBERT C. MCPHERSON
 12615 BUTLER BAY CT. 12615 BUTLER BAY CT.
 WINDERMERE FL 34786 WINDERMERE FL 34786



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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
08/08/1983

5. FEI Number Applied For / Not Applicable
59-3026749

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	MCPHERSON, ROBERT	6122 MARLBERRY DR	ORLANDO FL
T	MCPHERSON, R. ELAINE	6122 MARLBERRY DR.	ORLANDO FL

200003458052--0
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 ****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

MCPHERSON, ROBERT C.
 12615 BUTLER BAY CT.
 WINDERMERE FL 34786

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

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 *R. C. McPherson* Date 10/16/2000

REGISTERED AGENT MUST SIGN

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: *R. C. McPherson* Date 10/16/2000 Daytime Phone # 407 345-3453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)