

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G93751**

1. Corporation Name

TECHNICAL SYSTEMS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1900 CENTRAL FL. PKWY
ORLANDO FL 32837
US

1900 CENTRAL FL. PKWY
ORLANDO FL 32837
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

REINSTATEMENT 03



300024851153

11/19/03--01020--024 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1984

5. FEI Number

59-2403087

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DP | AUGUSTIN, EUGENE P | 5515 TURKEY LAKE RD. | ORLANDO FL 32819 |
| ST | AUGUSTIN, TERRY MAY S | 5515 TURKEY LAKE RD. | ORLANDO FL 32819 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUGUSTIN, EUGENE P
5515 TURKEY LAKE ROAD
ORLANDO FL 32819

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. or 617.0505, F.S.

Signature of
Registered Agent

Eugene P. Augustin
REGISTERED AGENT MUST SIGN

Date

11/14/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03
Date

407-857-3285
Daytime Phone #

CR2E040 (7/03)