

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

DOCUMENT # **H85880**

1. Corporation Name

DECISION SYSTEMS, INC.

Principal Place of Business

**300 S HYDE PARK AVE #180
TAMPA FL 33606
US**

Mailing Address

**300 S HYDE PARK AVE #180
TAMPA FL 33606
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

4. Date Incorporated or Qualified
To Do Business In Florida

11/19/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2605105

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4. City / State / Zip
P	SPAULDING, DAVID L.	609 HERCHEL DR	TEMPLE TERRACE FL 33617
VP	SPAULDING, KATHLEEN M.	609 HERCHEL DR.	TEMPLE TERRACE FL 33617

900003060949-0

-12/06/99-01009-008

******150.00 ****150.00**

Sp

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARLOWE, STEPHEN D.
300 S HYDE PARK AVE #180
TAMPA FL 33606**

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

Date

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:

David L. Spaulding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David L. Spaulding

11/16/99
Date

813 985-8222
Daytime Phone #

Decision
Systems, Inc.

P.O. Box 16962

Tampa, FL 33687-6962

(813) 985-8222

November 16, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee
Florida 32314

RE: Decision Systems, Inc.

To Whom it May Concern:

Please be advised that neither Decision Systems, Inc., nor its Registered Agent received the 1999 Annual Report forms or any delinquent notices thereafter. The Registered Agent received only the Notice of Administrative Dissolution or Revocation, which he then sent to our corporate office.

Since neither the original 1999 Annual Report forms nor any delinquent notices were received, we respectfully request that all late fees be waived and that the corporate status be maintained. We have enclosed the completed Notice of Administrative Dissolution or Revocation form along with a check in the amount of \$150 for payment of our 1999 annual corporate tax.

Hopefully this will explain and resolve this outstanding issue.

Sincerely,



David L. Spaulding, President
Decision Systems, Inc.

Enclosures

cc: Stephen D. Marlowe
Marlowe & McNabb, P.A.