

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12123

1. Corporation Name

ATHLE-TECH COMPUTER SYSTEMS, INC.

916 ROYAL BIRKDALE DRIVE
916 ROYAL BIRKDALE DRIVE

2. Principal Office Address

916 ROYAL BIRKDALE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

916 ROYAL BIRKDALE DRIVE

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/30/1986

5. FEI Number

59-2674039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAMUEL G. COVAULT

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

916 ROYAL BIRKDALE DRIVE

Suite, Apt. #, Etc.

City

TARPON SPINGS

State

FL

Zip Code

34688

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Samuel G. Covault, as President

Date NOVEMBER 18, 2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SAMUEL G. COVAULT	916 ROYAL BIRKDALE DRIVE	TARPON SPRINGS, FL 34688
D	BOYD G. COVAULT	916 ROYAL BIRKDALE DRIVE	TARPON SPRINGS, FL 34688
D	BEVERLY J. COVAULT	6121 SEVEN LAKES W	WEST END, NC 27376
D	JACOB A. COVAULT	916 ROYAL BIRKDALE DRIVE	TARPON SPRINGS, FL 34688
D	SAMANTHA L. COVAULT	916 ROYAL BIRKDALE DRIVE	TARPON SPRINGS, FL 34688
ST	LINDA COVAULT	916 ROYAL BIRKDALE DRIVE	TARPON SPRINGS, FL 34688

10. 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:

Samuel G. Covault, as President

11/18/2004

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)