

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 MAR 23 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J99905

1. Corporation Name ANALYTICAL + INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

358 MORNING CREEK CIR
APOPKA, FL 32712

358 MORNING CREEK CIR
APOPKA, FL 32712

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

10/27/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	RICHARD M YARDLEY	448 BUCKSKIN COURT	WINTER SPRINGS, FL 32708
V D	RICHARD J. DINNAN	358 MORNING CREEK CIR	APOPKA, FL 32712
V D	PETER W SMITH	4111 SOUTH FLETCHER	AMELIA ISLAND, FL 32034
			000003195320--8
			-04/05/00--01002--012
			***1805.75 ***2205.75

REINSTATEMENT 88-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMSEY W. DULIN
201 EAST PINE STREET
SUITE 1402
ORLANDO, FL 32801

Name William D. Boyd
Street Address (P.O. Box Number is Not Acceptable)
1016 Lakeside Drive
Suite, Apt. #, Etc.

City APOPKA

State FL Zip Code 32712

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

REGISTERED AGENT MUST SIGN

Date

3/15/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

RICHARD J DINNAN

Date

Daytime Phone #

1/30/2000 407 884 4185

CR2E08: (12/98)