

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED JUN 20 PM 1:50 CLERK OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K39716 (1) 1. Corporation Name: TECHNOLOGY SERVICE FLORIDA, INC.					
Principal Place of Business 1363 12th Ave. E. Palmetto, FL 34220 US		Mailing Address 100 N. Tampa Street Suite 2120 Tampa, FL 33602 US			
If above addresses are incorrect in any way, line through and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/17/1988 5. FEI Number 65-0082067 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PD	Layh, H D	516 Blue Heron	Anna Maria, FL 34216		
				200002945952--4 -07/30/99--01049--021 ****908.75 ****908.75	
8. Name and Address of Current Registered Agent Bierley, John C. 100 N. Tampa Street Suite 2120 Tampa, FL 33602			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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: 9 July 99					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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., and 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 Date: July 12-99 (941) 778-1493 Daytime Phone #					

CR2E040 (1/98)