

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000001736

**1. Corporation Name**

1st Hand Information Systems, LLC

~~5316 Pagnotta Place~~

P.O. Box 2292

**2. Principal Office Address**

**3. Mailing Office Address**

5316 Pagnotta Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lutz, FL TARPON SPRINGS

Zip

Country

Zip

Country

~~33558~~ 34689 USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/11/2000

**5. FEI Number**

59-3622475

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

DENNIS DERUELLE

200039863932

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

5316 PAGNOTTA PL

08/04/04-01022-004 \*\*100 00

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33558

**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

REGISTERED AGENT MUST SIGN

Date

5/20/04

**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
MGRM	DENNIS DERUELLE	5316 PAGNOTTA PL	LUTZ, FL 33558
MGRM	TIM YANDELL	231 SEAVIEW ST	MELBOURNE, FL 32951
MGRM	JOURNEY WALKER	6167 SHADOW TREE LN	LAKE WORTH, FL 33463

REINSTATEMENT

W/O penalty fees

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/04

Daytime Phone #

CR2E081 (01/04)

ATTACHMENT

2012

1<sup>st</sup> Hand Information Systems, LLC

~~5316 Pagnotta Place~~

~~Lutz, Florida 33558~~

P.O. Box 2292

TAMPA SPRINGS, FL

34689

May 10, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: ~~1ST-HAND INFORMATION SYSTEMS, LLC~~

L00000001736

Tax ID:

Request to Waive Late Filing Fee

Dear Sir or Madam:

This letter is to formally request a waiver of the late filing fees for the 2003 and 2004 UBR of the referenced entity.

While preparing the corporate tax return, my tax preparer noticed the UBR was not filed and the corporation was Administratively Dissolved in September 2003. Although this filing is overdue, I am enclosing a Reinstatement form, along with a check in the amount of \$300.00 as the registered agent did not forward the original paperwork from 2003 or 2004.

I am sorry for the delay and grateful for your understanding.

Sincerely,



Dennis Deruelle  
Member