

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

98 JUL -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49658

1. Corporation Name

ADVANCED COMPUTER MAINTENANCE, INC.

Principal Place of Business

Mailing Address

6011-4 103RD. ST.
SUITE 201
JACKSONVILLE FL 32210
US

6011-4 103RD. ST.
SUITE 201
JACKSONVILLE FL 32210
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10810 Lippizan Drive

10810 Lippizan Drive

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32257 USA

Zip Country
32257 USA

REINSTATEMENT

97-98
DW

4. Date Incorporated or Qualified To Do Business in Florida 02/14/1990

5. FEI Number 59-2995784

Applied For
Not Applicable

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)

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
DPT	POTTS, DAVID B	10810 LIPPIZAN DR	JACKSONVILLE FL
VSD	POTTS, BARBARA A	10810 LIPPIZAN DR	JACKSONVILLE FL
			300002588643--0 -07/14/98--01072--024 ***1800.00 ****500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POTTS, DAVID B
10810 LIPPIZAN DR
JACKSONVILLE FL 32257

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 *David B Potts*
REGISTERED AGENT MUST SIGN

Date 6-29-98

11. This corporation owes or has paid 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: *David B Potts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID B POTTS

6-29-98 904-268-0027
Date Daytime Phone #

CREATED (8/97)