

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 20 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **m80408**

1. Corporation Name

Computer Systems Associates, Inc.

Principal Place of Business

Mailing Address

**1038 Shady Rest Rd
Havana, Fl. 32333**

Same

REINSTATEMENT 95-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1038 Shady Rest Rd

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified
To Do Business in Florida

5-11-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0041341

Applied For

Not Applicable

City & State

Havana, Florida

City & State

Same

Zip

32333

Country

Grassden

Zip

Same

Country

Same

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
President	Anne L. Patronis	1038 Shady Rest Rd	Havana, Fl. 32333
Sec/Treas	Anita L. Egan	2145 Sandpbble ct	Tallahassee, Fl. 32308
			200002669432--1 -10/21/98-01073-014 ***1208.75 ***1208.75 JLB 10/20/98

8. Name and Address of Current Registered Agent

**Anne L Patronis
1038 Shady Rest Rd
Havana, Fl. 32333**

9. Name and Address of New Registered Agent

Name

Anne L Patronis

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

1038 Shady Rest Rd

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

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

Anne L Patronis

REGISTERED AGENT MUST SIGN

Date

10/20/98

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)(f), 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:

Anne L Patronis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/98

Date

539-3131

545-7373

Daytime Phone #