

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY 15 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

COMMAND SYSTEMS, INC.
M99488

2. Principal Office Address

2325 BLANDING BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

2325 BLANDING BLVD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

Zip

32210

Country

USA

Zip

32210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

59-2910287

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

THOMAS R RAHM

300003284333 - 3

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

6148 PARK ST.

06/12/00-01023-003

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

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

THOMAS R RAHM

Date 5/9/00

REGISTERED AGENT MUST SIGN

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
PRES.	THOMAS R RAHM	6148 PARK ST.	JACKSONVILLE, FL 32205

REINSTATEMENT 98.00

TS

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:

THOMAS R RAHM

THOMAS R RAHM

5/9/00

904 384-6427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #