

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 29 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N050000009094

1. Corporation Name
Florida Users Group of Applied Systems, Inc.

100178575571
04/29/10--01007--013 **183.75

REINSTATEMENT

08-10

2. Principal Office Address - No P.O. Box # 101 N. Starcrest Drive		3. Mailing Office Address 101 N. Starcrest Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33765	Country USA	Zip 33765	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09 02 2005	
5. FEI Number 650649607	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Wanda McKay, c/o Bouchard Insurance

Street Address (P.O. Box Number is Not Acceptable)
101 N. Starcrest Drive

Suite, Apt. #, Etc.

City Clearwater State FL Zip Code 33765

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 4/27/2010

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
P	Judy Dzwigal c/o Lutgert Insurance	5248 Red Cedar, Suite 103,	Fort Myers, Florida 33907
V	Hugh Mills, c/o Lykes Insurance	280 West Canton Ave. Suite 240	Winter Park, Florida 32789
S	Debbie Friend c/o MGA Insurance	9024 Town Center Parkway	Lakewood Ranch, Florida 34202
T	Wanda McKay c/o Bouchard Insurance	101 N. Starcrest Drive	Clearwater, FL 33765
D	Vicki Manning c/o Lykes Insurance	400 N. Tampa St., Suite 2200	Tampa, Florida 33602
D	Lori Augustyniak c/o Horizon Insurance	8652 E. SR 70	Bradenton, Florida 34202
D	Debbie Landis c/o Moody Agency	1680 D Tamiami Trail S.	Venice, Florida 34293
D	Angela Whitaker c/o Baldwin Connelly Group	600 Cleveland St	Clearwater, FL 33755

10. E-mail Address: wandamckay@bouchardinsurance.com

(To be used for future annual report notification)

11. 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. I further certify, 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] Date 4/27/2010 727-451-3134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/30aw