

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001286

1. Corporation Name

Consumer Support Services, Incorporated

Principal Place of Business

Mailing

REINSTATEMENT

98-99

157 East 8th St #116
Jacksonville, FL 32206

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

2. New Principal Office Address, If Applicable

157 East 8th St

3. New Mailing Office Address, If Applicable

157 East 8th St

Suite, Apt. #, etc.

116

Suite, Apt. #, etc.

116

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32206

Country

Duval

Zip

32206

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 1997

5. FEI Number

59-3303369

Applied For

Not Applied For

6. CERTIFICATE OF STATUS DESIRED

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
Director	Michael Troy Stevenson	11411 Whitebay Ln	Jax FL 32225
Pres	Fred Larhees	8648 Lincolnshire Rd	Jax FL 32217
V. Pres	Phil Crouch	2223 The Woods Dr	Jax FL 32246
Secretary	Rosemary Horn	5824 Harris Ave	Jax FL 32211

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8. Name and Address of Current Registered Agent

Michael Troy Stevenson
11411 Whitebay Ln
Jacksonville FL 32225

9. Name and Address of New Registered Agent

Name Michael Troy Stevenson
Street Address (P.O. Box Number is Not Acceptable)
157 E. 8th St., #116
Suite, Apt. #, Etc.
City Jacksonville
State FL Zip Code 32206

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

Michael Stevenson

REGISTERED AGENT MUST SIGN

Date 12-18-99

11. This corporation owes 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 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

Daytime Phone #

11-18-99 359-25.

S. PAYNE JAN 3-2000