

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023554

1. Corporation Name

TAMPA SOFTWARE CO.

Principal Place of Business

Mailing Address

2521 W NORTH STREET  
TAMPA FL 33614

2521 W NORTH STREET  
TAMPA FL 33614

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



700008956187  
11/13/02--01019--023 \*\*150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3626569

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| CEO           | STOCKFORD, GREG C MR.                     | 2521 W NORTH ST  | TAMPA FL 33614          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOCKFORD, GREG  
2521 W NORTH STREET  
TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/5/02

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02 813-930-8942  
Daytime Phone #

CR20040 (8/02)

# **Tampa Software Co.**

2521 W North St Tampa, Fl. 33614

November 7, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir or Madam:

The previous UBR and notices were not received at this location even though the Certificate of Administrative Dissolution or Revocation and the attached Application for Reinstatement were. Please accept this application and the UBR filing fee of \$150 and reinstate the corporation

Sincerely,

Greg Stockford  
CEO