

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 OCT 29 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085450

1. Corporation Name

PLATINUM COMPUTER GROUP, INC.

Principal Place of Business

4420 SHERWOOD RD.  
JACKSONVILLE FL 32210

Mailing Address

4420 SHERWOOD RD.  
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2001

5. FEI Number

59-3741687

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	ATCHLEY, GAIL M	4420 SHERWOOD RD.	JACKSONVILLE FL 32210
P	ATCHLEY, SHAWN M	3811 STARLEAF RD.	JACKSONVILLE FL 32210
V	MILLER, RICHARD	4822 COLLEGE ST.	JACKSONVILLE FL 32205

8. Name and Address of Current Registered Agent

CONTEMPORARY BUSINESS SERVICES, INC.  
4070 HERSCHEL ST.  
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

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*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-25-02

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

Date

10-25-02

Daytime Phone #

CR2E040 (8/02)

October 25, 2002

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Document P01000085450

To whom It May Concern:

Pursuant to our telephone conversation, I am requesting that the penalties be abated against Platinum Computer Group, Inc. due to reasonable cause.

I did not realize that the Division of Corporations form had not been filed until my accounting office notified me. I promptly filed my corporation papers with your office as soon as they were received. I have moved several times and I never received any forms or notifications from the Department of State. I am a new in business and was not aware of the deadline on filing this form. I have retained an accounting office to make sure all future filings are on time.

I request that these penalties be abated. Thank you for your assistance in this matter.

Sincerely yours,

Shawn M. Atchley