

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 16 AM 11:22
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000110436

1. Corporation Name

Application Design for Software Solutions

2. Principal Office Address

6148 Del Rio Dr

Suite, Apt. #, etc.

City & State

Port Orange FL

Zip

32127

Country

3. Mailing Office Address

1703 Magnolia Ave

Suite, Apt. #, etc.

City & State

So Daytona FL

Zip

32119

Country

REINSTATEMENT 03-06

CR2E081 (12/05)

FEB 20 2006

4. Date Incorporated or Qualified
To Do Business in Florida

11/2001

5. FEI Number

59-3757256

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

Judith Raske

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

6153 Del Rio Dr 1703 Magnolia Ave

Suite, Apt. #, Etc.

City

Port Orange So. Daytona

State

FL

Zip Code

32119

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

Judith Raske
REGISTERED AGENT MUST SIGN

Date 2/10/06

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
PSID	Judith Raske	6153 Del Rio Dr Port Orange, FL 32127	Port Orange, FL 32127

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 contained in Chapter 119, 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:

Judith Raske
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 386-235-7076
Date Daytime Phone #