

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000005042

1. Entity Name
ALLIED COMPUTER SERVICES, INC.



FILED

04 OCT 25 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2204 ROLANDO PLACE
PALM HARBOR, FL 34683

Mailing Address
2204 ROLANDO PLACE
PALM HARBOR, FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004

REIN-P

CR2E098 (6/04)

4. FEI Number

30-0146941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICKELSEN, WILLIAM A
2204 ROLANDO PLACE
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES
WILLIAM A. MICKELSEN
2204 ROLANDO PLACE
PALM HARBOR, FL 34683

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900042158789
10/25/04--01065--013 **\$150.00

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Mickelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

727-781-5522

Daytime Phone #