

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR -4 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000139115

1. Corporation Name

Technology Solutions II of Florida Inc.

REINSTATEMENT 04-08
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

7157 Lake Island Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

3. Mailing Office Address

7157 Lake Island Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2003

5. FEI Number

None

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

Bruce Price

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

7157 Lake Island Drive

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33467

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Bruce N Price

REGISTERED AGENT MUST SIGN

Date 3/10/2008

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
P.S.T. P	Bruce Price	7157 Lake Island Dr Lake Worth FL 33467	Lake Worth FL 33467

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03/20/08--01047--026 **1358.75

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:

Bruce N Price

Bruce N. Price

3/10/2008

561-261-7834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #