

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000008877

1. Entity Name  
APPSOFT DEVELOPMENT, INC.



Principal Place of Business  
13049 BERWICKSHIRE DR.  
JACKSONVILLE, FL 32224

Mailing Address  
13049 BERWICKSHIRE DR.  
JACKSONVILLE, FL 32224

2. Principal Place of Business - No P.O. Box #  
317 4th Ave. N.  
Suite, Apt. #, etc.

3. Mailing Address  
317 4th Ave N.  
Suite, Apt. #, etc.

City & State  
Jacksonville Beach FL  
Zip 32250 Country DUVAL

City & State  
Jacksonville Beach FL  
Zip 32250 Country DUVAL

4. FEI Number  
87-0738907

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMP, RICHARD-CPA  
6817 SOUTHPPOINT PKWY  
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name John M Widdows III  
Street Address (P.O. Box Number is Not Acceptable)  
317 4th Ave N.  
City Jacksonville Beach FL Zip Code 32250

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: *John M Widdows III*

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

(NOTE: Registered Agent signature required when reinstating)

6-17-08

DATE

FILE NOW!!! FEE IS \$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	PD	<input type="checkbox"/> Delete
NAME	WIDDOWS, JOHN M III	
STREET ADDRESS	13049 BERWICKSHIRE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEIL, ERIC	
STREET ADDRESS	13049 BERWICKSHIRE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	317 4th Ave N.
CITY-ST-ZIP	Jacksonville Beach FL 32250
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600131506066
CITY-ST-ZIP	06/19/08--01039--009 **300.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John M Widdows III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-08 904-241-9777

Date

Daytime Phone #

*John M Widdows III*

FILED  
08 JUN 19 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08