

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002082

1. Corporation Name

CBIS
CONTRACT BUSINESS INFORMATION SERVICES

Principal Place of Business Mailing Address
4141 SOUTH FLORIDA AVENUE

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

LAKELAND, FL 33813

City & State

Zip

33813

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1993

5. FEI Number

59-3164401

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JAMES DECKER	4141 SOUTH FLORIDA AVENUE	LAKELAND, FL 33813
V	JAMES QUINN	505 US HWY 98S	LAKELAND, FL 33801
D	THOMAS MOORE	P.O. BOX 1722, N/A	LAKELAND, FL 33802
D	CHRIS HARWELL	114 TENNESSEE AVENUE	LAKELAND, FL 33801
			200002234242--0 -07/09/97--01109--007 *****915.00 *****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES DECKER
4141 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/30/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. DECKER, PRESIDENT

6/30/97

Date

941-647-3000

Daytime Phone #

REINSTATEMENT 9/0-97

CR2000 (12/96)