

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000058723**

1. Corporation Name

: Applied Simulation Consultants Corporation

1343 Tierra Circle
P.O. Box 5117

2. Principal Office Address

1343 Tierra Circle

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

US

3. Mailing Office Address

P.O. Box 5117

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

US

10/15/04 01061 006 **150.00
200041902922
10/15/04--01061--006 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 9, 1994

5. FEI Number
59-3310059

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

John W. Jacobs

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

1343 Tierra Circle

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

John W. Jacobs
REGISTERED AGENT MUST SIGN

Date 10/13/04

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
CEO	John W. Jacobs	1343 Tierra Circle	Winter Park, FL 32792
PRES	David W. Olsen	1441 Mayfield Ave.	Winter Park, FL 32789

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 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

10/13/04

Date

407-622-1629

Daytime Phone #

CR2E081 (01/04)

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**Applied
Simulation
CORPORATION**

Winter Park, FL 32793-5117 • 407-645-1481 • 800-752-1430 • www.appliedsim.com

October 13, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Enclosed is a Corporate Reinstatement form and check for the amount of \$150.00 for **Applied Simulation Consultants Corporation**, a small business located in Winter Park, Florida. Due to the damage and disruptions caused by the three hurricanes that impacted our area, the corporate renewal/reinstatement notices for 2004 weren't received and processed in the designated time frame. Thankfully, the telephone message from your offices indicated the penalty fees would not be assessed if a business entity was negatively impacted by one or more of the hurricanes. Unfortunately, we were negatively impacted by three hurricanes: Charley, Frances, and Jeanne.

Thank you for taking into account the extra-ordinary circumstances that affected this area these past two months.

Sincerely,



John W. Jacobs, Ph.D.

CEO

407-645-1481

jjacobs@appliedsim.com