PLEASE BEAD A	ALL INSTRUCTIONS	BEFORE COMP	LETING THIS F	OBM.	
OFFICE SALES	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham State	OVED ED	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # P95 0 0 0	002549	98 NOV 23	AM 8:50		
Specialized Com Principal Place of Business 12373 Field B1	puter Solution	S, LOGILL AHASS	y of state ee, florida		
Jacksonville, Fl	_ 39993				
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable	ugh incorrect information and enter 3. New Mailing Office Address, If	Applicable 4. Date	e Incorporated or Qualified To Business in Florida		
Suite. Apt # etc.	Suite, Apt. #, etc.	5. FEI	Number		oplied For
City & State Zip - Country	City & State Zip Country	6.	59-3 287	S8.75 Additiona	ot Applicable
7. Names and Street Addresses of Each Officer and/o		CEH	TIFICATE OF STATUS DESIRE	for a Certifica	te of Status
Title(s) Name of Officers and/or Directors 2	Stre Off	eet Address of Each icer and/or Director e Post Office Box Numbers)	4	City / State / Zip	
- Eugene Carr, Pres	ident 12373 1	Field Bluff	ed Jackson	wille, FL	3222
,		·····			
		1	0000027 -12/03/9 *****515	01250- 8-01028-00 .00 ****515	-9 6 .00
8. Name and Address of Current Re	egistered Agent	9. Nam	e and Address of New Re	gistered Agent	
Eugene Carr Jr.		Name			
12373 Freld Bluff Rd. Jacksonville Fl 32223		Street Address (P.O. Box N	umber is Not Acceptable)		
10. I, being appointed the registered agent of the above	named corporation, am familiar wit	City	of Section 607 0505 F.S.	State Zip Code	
Signature of Registered Agent	J CULLAR IISTEYED AGENT MUSTYSIGN	w Cany	Date	-19-98	
 This corporation owes or has Intangible Personal Property 	s paid the current year tax due June 30.	Yes No	(Sec	e other stra for mio mai)
12. Leartify that I am an officer or director or the receive this reinstatement application, the reason for dissolu- owed by the corporation have been paid and the na on this application is true and accurate, and my sign	tion has been eliminated, the corpor mes of individuals listed on this form	ate name satisfies the require to not qualify for an exempt	ments of section 607.0401	or 617,0401, F.S., that	t all fees
SIGNATURE: SIGNATURE AND THE OR PRINT	1 A Eugl	rector	8-19-9 Date	Daytime Phone #	



To:

Whom it may concern

AT:

Department of State

From:

Eugene Carr

AT:

Specialized Computer Solutions

Subject: State of Florida Corporate License

I was not aware of any forms that needed to be filled out to keep my corporation active with the State of Florida. I don't recall receiving forms or correspondence requiring that I do anything to continue doing business in the State of Florida. I have filed annually with the Federal Government who recognizes my corporation as an entity entitled to do business. I pay my State Sales and Use taxes and always renew my Occupational License. I own a small company and am the only Employee. I am obviously struggling to keep track of all of the Taxes and Licensing fees for which I am responsible.

Somehow I have missed this since 1996. I apologize for any inconvenience that this may have cause the State of Florida and am remitting a check for \$515.00. This should cover the payments that I somehow didn't make previously.

Thank You

Eugene Carr

President, Specialized Computer Solutions