

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000004311

1. Corporation Name

CLIENT SOFTWARE SERVICES INC.

FILED

98 NOV 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2774 RIVER OAK DRIVE
ORANGE PARK FL 32073
US

Mailing Address

C/O ALBERT MARROW
2774 RIVER OAK DRIVE
ORANGE PARK FL 32073
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

15944 84 N. AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDEN

Zip

Country

Zip

Country

33418

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1995

5. FEI Number

59-3297837

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MORROW, ALBERT R	2774 RIVER OAK DR	ORANGE PARK FL

600002703756--7

-12/04/98--01104--012

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORROW, ALBERT R
2774 RIVER OAK DR
ORANGE PARK FL 32073

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

Albert R. Morrow
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Albert R. Morrow
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT R. MORROW

11/20/98

Date

561-310-5047

Daytime Phone #

CR21040 (9/98)

Ag 2

November 20, 1998

Leslie
State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Albert R. Morrow
Client Software Services, Inc.
FEI: 59-3297837
2774 River Oak Drive
Orange Park FL 32073

Subject: Reinstatement of Incorporation

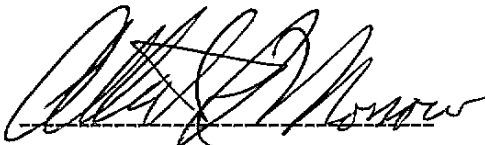
Dear Leslie;

Per your instructions I am forwarding the requested information.

I did not receive the 1998 Profit Corporation Annual Report Packet. I did call the State of Florida on June 7th and again on August 9th for instructions of what to do when this packet is not received prior to May 1st. It was identified that mailings were late and that it would be forthcoming.

Per our conversation, you had requested a check for a \$150.00 for reinstatement of my Corporate Status. You also instructed me that in the future if a Packet was not received that I should mail in the standard \$150.00 along with my FEI number.

Any additional information needed please feel free to contact me 561-310-5047.



Albert R. Morrow
President of CSS, Inc.

11/29/98
Date