

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DF2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Catherine E. Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000012246

1. Corporation Name

MICROSERVE COMPUTER RESOURCES OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1828 ARDEN WAY
 JACKSONVILLE BEACH FL 32250
 US

P.O. BOX 51308
 JACKSONVILLE BEACH FL 32240

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

2. New Principal Office Address, If Applicable

522 N. 9TH AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

City & State

Zip

Country

FL 32250 USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1995

5. FEI Number

59-3297853

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STANG, CHRISTOPHER M	P.O. BOX 51308	JACKSONVILLE BEACH FL 32240

400003491354--7
 -12/08/00--01022--002
 ****150.00 ****150.00

1/1/00

8. Name and Address of Current Registered Agent

STANG, CHRISTOPHER M
 53 N. ROSCOE
 PONTE VEDRA FL 32082

9. Name and Address of New Registered Agent

Name

CHRISTOPHER M. STANG

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

522 N. 9TH AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

Zip Code

FL 32250

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

SIGNATURE REQUIRED

Date

12/18/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/00

CR2E040 (8/00)



2012

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 18, 2000

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Microserve Computer Resources of Jacksonville, Inc. — 2000 Uniform Business Report

Dear Sir or Madam:

Please find the attached Application for Reinstatement for the above referenced corporation. They never received the previous requests for the 2000 annual report. As soon as this report was received, we completed it and mailed promptly. Your assistance in accepting this report and the enclosed check for \$150.00 is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures:
2000 Uniform Business Report
Check for \$150.00