

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

08 FEB 21 PM 4:35

875  
2-21-08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P-95000012246

1. Corporation Name

microserve Computer Resources  
of Jacksonville

2. Principal Office Address - No P.O. Box #

1828 Arden Way

Suite, Apt. #, etc.

3. Mailing Office Address

PO 51308

Suite, Apt. #, etc.

City & State

Jacksonville Beach

City & State

Jacksonville Beach

Zip

32250

Country

Dual

Zip

32240

Country

Dual

7. Name and Address of Current Registered Agent

Name

Chris Stang

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

1828 Arden Way

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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

*Chris Stang*

REGISTERED AGENT MUST SIGN

Date 2/19/08

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
P	Chris Stang	1828 Arden Way	Jacksonville Beach 32250

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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 contained in Chapter 119, 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:

*Chris Stang* 2/19/08 904 881 8590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT