

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000027995

1. Corporation Name

COMPLUS DATA SERVICES, INC.

Principal Place of Business

Mailing Address

~~625 CRYSTAL LAKE RD~~

~~LUTZ FL 33549~~

~~US~~

1514 BOGIE DR
TAMPA - FL 33612

~~625 CRYSTAL LAKE RD~~

~~LUTZ FL 33549~~

~~US~~

1514 BOGIE DR
TAMPA - FL 33612



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3303628

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	CLARK, ROBERT T	625 CRYSTAL LAKE RD 1514 BOGIE DR	LUTZ FL 33549 TAMPA - FL 33612
STD	CLARK, ROBERT T	625 CRYSTAL LAKE RD 1514 BOGIE DR	LUTZ FL 33549 TAMPA - FL 33612

700024099627
10/27/03--01004--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, ROBERT T
~~625 CRYSTAL LAKE RD~~
~~LUTZ FL 33549~~

1514 BOGIE DR
TAMPA - FL 33612

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 813-931-1433
Date Daytime Phone #

CR20040 (7/03)

10/15/83

To Whom it may Concern,

Please note change of Address + Also please
waive the reinstatement fee, I did not
get the notice on the mail -

Thank You in Advance for Cooperation

Bob Clark.

813-931-1433.

ComPlus DATA Source.
1574 Bogie Dr
Tampa - FL 33612