

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

59 JUN -7 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037999

1. Corporation Name

CAMPUS INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

535 Central Avenue  
Suite 411

St. Petersburg, FL 33701

W99-13146

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
5700 Escondida Boulevard

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

5/12/95

5. FEI Number

59-3333542

Applied For

Not Applicable

Suite, Apt. #, etc.  
Suite 401

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip  
33715

Country  
Pinellas

Zip

Country

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
C/D/T	Neil J. Bradley	Suite 401 5700 Escondida Boulevard	St. Petersburg, FL 33715
P/S/D	Kirk D. Trammel	Suite 411 535 Central Avenue	St. Petersburg, FL 33701
			300002902653--8 -06/11/99-01095-015 *****61.25 *****61.25
			300002902653--8 -06/11/99-01095-016 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kirk D. Trammel  
Suite 411  
535 Central Avenue  
St. Petersburg, FL 33701

Name

Pat Bradley

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

5700 Escondida Boulevard,

Suite, Apt. #, Etc.

Suite 401

City

St. Petersburg

State  
FL

Zip Code  
33715

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

Pat Bradley

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X

Kirk D. Trammel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)