

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

97 JAN -2 PM 3:04

DOCUMENT # **P95000057830**

1. Corporation Name

SOFTWARE TRAINING AND SERVICES, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1107 N.W. 6TH ST., BLDG. C
GAINESVILLE FL 32601

1107 N.W. 6TH ST., BLDG. C
GAINESVILLE FL 32601



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

2622 NW 43rd ST, STE B-4

2622 NW 43rd ST, STE B-4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GAINESVILLE FL

GAINESVILLE FL

City & State

City & State

Zip
32606

Country
ALABAMA

Zip
32606

Country
ALABAMA

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1995

5. FEI Number

59-3343226

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ANSCHULTZ, ADANA M	6519-405 NEWBERRY RD.	GAINESVILLE FL 32605
D	GARCIA, JORGE A	4100 N.W. 8TH PLACE	GAINESVILLE FL 32606
			900002053519--2 -01/10/97--01020--008 ****375.00 ****375.00

REINSTATEMENT

1996
G. Alan
12/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANSCHULTZ, ADANA M
1107 N.W. 6TH ST., BLDG. C
GAINESVILLE FL 32601

Name

ADANA M. ANSCHULTZ

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

2622 NW 43rd STREET, STE B-4

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32606

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]

REGISTERED AGENT MUST SIGN

Date 12/31/96

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96 (252) 374-9880
Date Daytime Phone #

CR2E040 (7/96)