

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

98 MAR 19 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000086207**

1. Corporation Name

TECHNOLOGY SOLUTIONS OF FLORIDA, INC.

Principal Place of Business

~~88 SOUTH FEDERAL HWY.~~
~~SUITE #4~~
~~DANIA FL 33004~~

Mailing Address

~~38 SOUTH FEDERAL HWY.~~
~~SUITE #4~~
~~DANIA FL 33004~~

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

2. New Principal Office Address, If Applicable

2890 GRIFFIN RD

Suite, Apt. #, etc.

SUITE 4

City & State

FT LAUDERDALE, FL

Zip

33312

Country

US

3. New Mailing Office Address, If Applicable

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1995

5. FEI Number

65-0627251

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 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
D	DEGIACOMO, DAVID	7200 N.W. 179TH ST. SUITE 211	MIAMI FL
			300002464133--1
			-03/20/98--01115--029
			*****308.75 *****308.75

REINSTATEMENT

97-98

SL

3-20-98

8. Name and Address of Current Registered Agent

DEGIACOMO, DAVID
88 SOUTH FEDERAL HWY
SUITE #4
DANIA FL 33004

9. Name and Address of New Registered Agent

Name

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

2890 GRIFFIN RD

Suite, Apt. #, Etc.

SUITE 4

City

FT LAUDERDALE, FL

State

FL

Zip Code

33312

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

David D. Degiacomo **PRESIDENT**

REGISTERED AGENT MUST SIGN

Date

3/19/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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:

David D. Degiacomo **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/98

Date

954-981-9888

Daytime Phone #

CR25040 (8/97)