CAPPLOTON FOR RENCTATEMENT	FLORIDA DEPAF Sandra E Secreta	ONS BEFORE ( RTMENT OF STATE  B. Mortham  ry of State  CORPORATIONS	COMPLETING THRISTICMED.  AND FILED  1998 FEB -4 PM 1: 00	
DOCUMENT # P95000  1. Corporation Name  Company Quarter LAY To	081701		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
CompuQuest JAX, In  Principal Place of Business  3860 San Jose Park Dr  Jacksonville, FL 3221	Mailing Address  661 Bland Suite 319	ling Blvd.		
If above addresses are incorrect in any way, line the  2. New Principal Office Address, If Applicable  N/A  Suite, Apt. #, etc.  City & State	ough incorrect information an  3. New Mailing Office Add N/A Suite, Apt. #, etc.  City & State	<del></del>	4. Date Incorporated or Qualified To Do Business in Florida January 1, 1996  5. FEI Number Applied For Not Applicable	
Country      Names and Street Addresses of Each Officer and:	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee required for a Certificate of Status	
Title(s) 2 Name of Officers and/or Directors 3  Pres. Thompson F. Sanders		Street Address of Each Officer and/or Director NOT Use Post Office Box N  Foxridge Rd	ch or Numbers) 4 City / State / Zip	
Sec. Cathy A. Sanders	300	Foxridge Rd	d. Orange Park, FL 32065	
			9000024270994 -02/10/9801087005 ****315.00 ****315.00	
8. Name and Address of Current	Pagistared Agent		9. Name and Address of New Registered Agent	
Thompson E. Sanders 300 Foxridge Rd. Orange Park, FL 32065		Name Street Address (P Suite, Apt. #, Etc.	Name Street Address (P.O. Box Number is Not Acceptable)	
10. I, being appointed the registered agent of the about Thompson E. Signature of Registered Agent	ve named corporation, am fan Sanders Sandlus GISTERED AGENT MUST SI	City  milliar with and accept the ob	State FL Zip Code FL Date February 2, 1998	
11. This corporation owes or ha Intangible Personal Propert			(See other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissol	er or trustee empowered to e ution has been eliminated, the ames of individuals listed on t	kecute this application as pre e corporate name satisfies the his form do not qualify for a	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated	
Thompson E. SIGNATURE: SIGNATURE:	Sanders ME Sand Ited Name of Signing Office	UNA ER OR DIRECTOR	February 2, 1998  Date Daytime Phone *	

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February 2, 1998

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

I am applying for reinstatement of my S-Corporation status after having been notified that such status had been revoked last year. I was unaware of this revocation due to the fact that after incorporating on January 1, 1996, I never received an annual notification of renewal, and was unaware, (through my own inattention), that I owed an annual Report Fee. I assume that I never received annual notification in 1997 because my business address changed in March 1996, and the annual notice was returned to you because of the expiration of the Post Offices forwarding service.

I have enclosed a check in amount of \$315.00, (along with my Application for Reinstatement), to cover my 1997 and 1998 Corporation Reporting Fees. I also request by this letter that my Reinstatement Fee be waived due to the reasons stated above. This is the total amount I was instructed to forward to you by M. Hodges of your office on January 21, 1998.

Thank you for you patience and understanding in this matter.

Sincerely,

T.E. Sanders President