

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 APR - 9 AM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000011383
1. Corporation Name: Computer Design Solutions

Principal Place of Business

Mailing Address

1553 N. ATLANTIC AVE
SUITE 117
Daytona Beach, FL
32118

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

02/01/96

City & State

City & State

5. FEI Number EIN Number
650645184

Applied For

Not Applicable

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)

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
President	JAMES FLATT	1553 N. ATLANTIC AVE #117	Dayt. Bch, FL 32118
			400002485404--0 -04/10/98--01093--028 ****150.00 ****150.00
			REINSTATEMENT 97-98 400002485404--0 -04/10/98--01093--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LARRY WOLFE
200 AJOHN KNOX RD
Tallahassee, FL

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Larry Wolfe
REGISTERED AGENT MUST SIGN

Date April 8, 1998

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:

James I. Flatt JAMES I. FLATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
1/19/98 733-7110

CP2E240 (12/95)