

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 NOV 18 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023775

1. Corporation Name

L.C.S. SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4115 S. Semoran Blvd., #20  
Orlando, FL 32822

Same

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

2. New Principal Office Address, If Applicable  
1 Airport Blvd.

Suite, Apt. #, etc.

City & State  
Orlando, FL

Zip 32862

Country USA

3. New Mailing Office Address, If Applicable

P.O. Box 620801

Suite, Apt. #, etc.

City & State  
Orlando, FL

Zip 32862

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/96

5. FEI Number

59-33-70103

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
DPST	Lawrence Coppedge	3000-11 S. Semoran Blvd.	Orlando, FL 32862

8. Name and Address of Current Registered Agent

Marshall S. Harris  
255 S. Orange Ave., Suite 800  
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name  
Marshall S. Harris  
Street Address (P.O. Box Number is Not Acceptable)  
390 North Orange Ave.  
Suite, Apt. #, Etc.  
Suite 1100  
City  
Orlando  
State  
FL  
Zip Code  
32801

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 *Marshall S. Harris*  
REGISTERED AGENT MUST SIGN

Date 10/24/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Coppedge

DPVST

(407) 825-6578

Date

Daytime Phone #

CR2E040 (12/96)