

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 30 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038635

1. Corporation Name

Computer Automated Facilities Management, Inc.

2. Principal Office Address

515 Virginia Ave.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

515 Virginia Ave

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

600022352106
08/15/03--01057--025--1058.75
REINSTATEMENT 0103

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/26/1996

**5. FEI Number
59-3378660**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas W. Carney

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

515 Virginia Ave.

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code
32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Thomas W. Carney
REGISTERED AGENT MUST SIGN

Date **7/29/2003**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| P | Thomas W. Carney | 515 Virginia Ave. | Winter Park, FL 32789 |
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10. 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:

Thomas W. Carney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Carney

7/29/2003
Date

407-658-6531
Daytime Phone #

CR2E081 (10/02)