

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049021

1. Corporation Name

BANKPC SOFTWARE, INC

2. Principal Office Address - No P.O. Box #

29 Eglin Parkway NE

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**5. FEI Number
59-3384497**

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
James W. Tucker

Street Address (P.O. Box Number is Not Acceptable)
29 Eglin Parkway NE

Suite, Apt. #, Etc.

City
Fort Walton Beach

State
FL

Zip Code
32548

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT
02-09

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

James W. Tucker
REGISTERED AGENT MUST SIGN

Date **May 26, 2009**

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	John J. Tringas	29 Eglin Parkway NE	Fort Walton Beach, FL 32548
V/S/T	James W. Tucker	29 Eglin Parkway NE	Fort Walton Beach, FL 32548
V	Justin Matthews	29 Eglin Parkway NE	Fort Walton Beach, FL 32548
V	Jason Sneed	29 Eglin Parkway NE	Fort Walton Beach, FL 32548
V	James L. Beasley, Jr	29 Eglin Parkway NE	Fort Walton Beach, FL 32548
V	Caroline Hayles	29 Eglin Parkway NE	Fort Walton Beach, FL 32548

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 contained in Chapter 119, 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:

Justin C. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justin Matthews

May 26, 2009

Date

850-796-2200

Daytime Phone #