

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:39

DOCUMENT # **P96000060397**

1. Corporation Name

APPLIED DESIGN SERVICES, INC.

Principal Place of Business

Mailing Address

6956 PHILLIPS PARKWAY DRIVE NORTH
JACKSONVILLE FL 32256
US

6956 PHILLIPS PARKWAY DRIVE NORTH
JACKSONVILLE FL 32256
US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3395522	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JETER, JAMES M	10991-55 SAN JOSE BLVD. SUITE 14	JACKSONVILLE FL 32223

400003035914--1
-11/05/99--01014--009
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORGAN, ROBERT M
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

11. 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

10/22/99

Date

(904) 262-7473

Daytime Phone #

AD

CR2E040 (8/99)