

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

PA0000076380

1. Corporation Name

CHECKKNOWLEDGE SOFTWARE CONSULTANTS INC

IN98000018994

Principal Place of Business

9141 CYPRESS GREEN DR #2  
JACKSONVILLE, FL 32256

Mailing Address

9141 CYPRESS GREEN DR #2  
JACKSONVILLE, FL 32256

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

4/12/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3406833

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	HOPE, WILLIAM E. JR	7869 JAMES ISLAND WAY	JACKSONVILLE FL 32256
VP	KASSELMAN, KENT A	653 MONUMENT RD #505	JACKSONVILLE FL 32225

300002706579-7  
-12/09/98-01005-009  
\*\*\*\*900.00 \*\*\*\*900.00

12/17

8. Name and Address of Current Registered Agent

HOPE, WILLIAM E. JR  
9141 CYPRESS GREEN DR #2  
JACKSONVILLE, FL 32256

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

William E. Hope Jr

REGISTERED AGENT MUST SIGN

Date 8-13-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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.

William E. HOPE JR

SIGNATURE:

William E. Hope Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-98

Date

Daytime Phone #

CR2040 (1/98)