

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 21 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077831

1. Corporation Name

BISTRAC COMPUTER SYSTEMS, INC

Principal Place of Business

451 CENTRAL PARK DRIVE #B
LARGO FL 33771

Mailing Address

451 CENTRAL PARK DRIVE #B
LARGO FL 33771

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

09/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3402314

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
PST	JEROSKI, PATRICIA	14130 ROSEMARY LANE	LARGO FL 33774
	John T. Jeroski	1105 Varona St	Belleair, FL 33751
			500003082525--6 -12/29/99--01011--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JEROSKI, PATRICIA A
451 CENTRAL PARK DRIVE #B
LARGO FL 33771

9. Name and Address of New Registered Agent

Name John T. Jeroski, Pres
Street Address (P.O. Box Number is Not Acceptable)
1105 Varona St
Suite, Apt. #, Etc.
City Belleair
State FL Zip Code 33756

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/15/1999

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Jeroski

12/15/1999 727-581-9466
Date Daytime Phone #