

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 # **P96000095141**

1. Corporation Name

LIVE SYSTEMS, INC.

Principal Place of Business

**210 ARCHERS POINT
LONGWOOD FL 32779**

Mailing Address

**210 ARCHERS POINT
LONGWOOD FL 32779**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

369 Ashley Lane

Suite, Apt. #, etc.

City & State

Corrales NM

Zip

87048

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1996

5. FEI Number

59-3431561

Applied For

Not Applicable

6.

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
D	GIBSON, CHRISTOPHER R	210 ARCHERS POINT 369 Ashley Lane	LONGWOOD FL 32779 Corrales NM 87048
D	CHAPPELL, THOMAS J	210 ARCHERS POINT	LONGWOOD FL 32779

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

William A. Grimm

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

201 E. Pine Street

Suite, Apt. #, Etc.

Suite 1200

City

Orlando

State

FL

Zip Code

32801

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 A. Grimm
REGISTERED AGENT MUST SIGN

Date **12-18-97**

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.

SIGNATURE:

CHRISTOPHER R. GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/97

Date

505-890-0861

Daytime Phone #

FILED

97 DEC 19 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

9/7/00

CP2E040 (8/97)