PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 AUG 24 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000002277**

1. Corporation Name

YOUR COMPUTER SOURCE, INC.

Principal Place of Business	Mailing Address
3900 MARRIOTT DR., STE. J PANAMA CITY BEACH FL 32411	P.O. BOX 28476 PANAMA CITY BEACH FL 32411

REINSTATEMENT 08-99

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
2317 THOMAS DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State PCB, FL	City & State
Zip 32408 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/1997

5. FEI Number: 59-342 3048 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	FRANKLIN, KENNETH E	~~3900 MARRIOTT DR., STE. J~~	~~PANAMA CITY BEACH FL 32411~~
		2317 THOMAS DR	PCB 32408
			000002975240--9
			-08/31/99--01069--021
			****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FRANKLIN, KENNETH E ~~3900 MARRIOTT DR., STE. J~~ 2317 THOMAS DR ~~PANAMA CITY BEACH FL 32411~~ PCB, FL 32408	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

CR2E040 (9/98)

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: Kenneth E Franklin REQUIRED — Date: 8/18/99

REGISTERED AGENT MUST SIGN

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.) 08-24-99

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: Kenneth E Franklin REQUIRED — 8/8/99 — 850 230-1089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004431 AF