

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015308

1. Corporation Name

PC SOFTSOURCE CORP.

100035553891
05/06/04--01016--009 **1200.00

REINSTATEMENT 01-04

2. Principal Office Address

700 S. Olive Avenue

3. Mailing Office Address

C/O McGrath & Meyers PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5725 Corporate Way #101

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33407

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida 2/13/1997**

5. FEI Number
65-0787772

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status**

Name and Address of Current Registered Agent

Name
Gail C. Meyers, CPA

Street Address (P.O. Box Number is Not Acceptable)
c/o McGrath & Meyers PA, 5725 Corporate Way

Suite, Apt. #, Etc.
Suite 101

City
West Palm Beach

State
FL

Zip Code
33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gail C. Meyers
REGISTERED AGENT MUST SIGN

Date

4/29/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Nikki D. Trammell	700 S. Olive Avenue	West Palm Beach, FL 33401

10. 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:

Nikki D. Trammell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04 (561) 301-9156
Daytime Phone #

CH2E081 (01/04)