

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 21 PM 4:26

DOCUMENT # P97000041220

1. Corporation Name

Managed Services for Technology & Planning, Inc. <sup>And</sup>

2. Principal Office Address - No P.O. Box #  
1209 SW 75 Drive

3. Mailing Office Address  
403 Granby Crossing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, FL

City & State  
Cayce, SC

Zip  
32607

Country  
USA

Zip  
29033

Country  
USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida May 8, 1997

5. FEI Number  
59-3448736

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
Sherry Gibbs Mercer

Street Address (P.O. Box Number is Not Acceptable)  
1209 SW 75 Drive

Suite, Apt. #, Etc.

City  
Gainesville

State  
FL

Zip Code  
32607

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Sherry Gibbs Mercer*  
REGISTERED AGENT MUST SIGN

Date 10/19/09

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
P	Sherry Gibbs Mercer	1209 SW 75 Drive	Gainesville, FL 32607
S	Billy A. Mercer (deceased 5.27.09)	1209 SW 75 Drive	Gainesville, FL 32607
	S- Change/update in Nov.2009		400161995294 10/21/09--01040--010 **308.75

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 contained in Chapter 119, 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:

*Sherry Gibbs Mercer*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/09

Date

(352) 256-1362

Daytime Phone #