

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000053597**

1. Corporation Name

CLIENT SERVER INTERNATIONAL CONSULTING, INC.

FILED

01 DEC 31 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8935 W SUNRISE BLVD
PLANTATION FL 33322

Mailing Address

465 E LINCOLN AVE
602
MOUNT VERNON NY 10552



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.
318 Indian Trace #334

City & State
Weston, FL

Zip **33326** Country **USA**

3. New Mailing Office Address, If Applicable

318 Indian Trace
Suite, Apt. #, etc.
334

City & State
Weston FL

Zip **33326** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1997

5. FEI Number

65-0761955

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 3	City / State / Zip 4
D	MOORE, KEVIN K	8985 W. SUNRISE BLVD.	PLANTATION FL 33322

8. Name and Address of Current Registered Agent

MOORE, KEVIN K
8985 W. SUNRISE BLVD.
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name **Kevin Moore**
Street Address (P.O. Box Number is Not Acceptable)
318 Indian Trace #334
Suite, Apt. #, Etc.
Weston
City **Weston** State **FL** Zip Code **33326**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/29/01**

11. 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

Date

Daytime Phone #

12/29/01 954-213-9438

CR2E040 (8/01)