

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071591

1. Corporation Name

PRECISION SOFTWARE CONSULTING SERVICES, INC.

2. Principal Office Address

1837 SUMMER GREEN DRIVE

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32124-7158

Country

USA

3. Mailing Office Address

P.O. Box 291994

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32129-1994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 18, 1997

5. FEI Number

59-3474969

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

ERNEST WAYNE PIERSON, JR.

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

1837 SUMMER GREEN DRIVE

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32124-7158

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

REGISTERED AGENT MUST SIGN

Date MARCH 20, 2000

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/V/D	ERNEST W. PIERSON, JR.	1837 SUMMER GREEN DRIVE	PORT ORANGE, FL 32124
S/T/D	TINA-LOUISE PIERSON	1837 SUMMER GREEN DRIVE	PORT ORANGE, FL 32124

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20, 2000

Date

904/322-1784

Daytime Phone #

CP2E081 (9/99)