

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 15 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077241

1. Corporation Name

TOPPSOFT COMPUTER SOLUTIONS, INC.

Principal Place of Business

5811 MEMORIAL HWY., SUITE 204
TAMPA FL 33615

Mailing Address

5811 MEMORIAL HWY., SUITE 204
TAMPA FL 33615

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.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

5. FEI Number

59-3529571

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

See 75.00 for information regarding
the application of this form.

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SHAW, WILLIAM B	9009 SHELDON CHASE DR	TAMPA FL 33635
D	SHAW, SHAUNA B	9009 SHELDON CHASE DR	TAMPA FL 33635

REINSTATEMENT

900003063389--6
-12/07/99--01077--026
***750.00 ***750.00

8. Name and Address of Current Registered Agent

WATKINS, CARL T CPA
7345 JACKSON SPRINGS RD
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Carl T. Watkins
REGISTERED AGENT MUST SIGN

Date

11/4/99

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:

WILLIAM B SHAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/99
Date

813-249-5522
Daytime Phone #