

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000000227

1. Corporation Name

AFTER HOURS COMPUTING, INC.

Principal Place of Business

Mailing Address

1859 CONSTITUTION AVE  
NAVARRE FL 32566

1859 CONSTITUTION AVE  
NAVARRE FL 32566

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/1999

5. FEI Number

59-3550392

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
PVTS	LEVISON, CAROLL S	1828 SUNDOWN DRIVE	NAVARRE FL 32566

100025045521  
11/26/03--01007--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVISON, CARROLL S  
1828 SUNDOWN DRIVE  
GULF BREEZE FL 32566

Navarre

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5 Nov 03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARROLL S. LEVISON 5 Nov 03 850-255-0469

CP2E040 (7/03)



# AFTER HOURS COMPUTING

1859 Constitution Avenue, Navarre, FL 32566-8505  
PHONE: (850) 936-0008 FAX: (850) 939-4259

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November 5, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
Po Box 6327  
Tallahassee, FL 32314-6327

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RE: Request for Waiver of Fees

Upon receipt of the "Notification of Dissolution" we contacted your office and began an investigation. We have found that our original check has not cleared. As the President of three registered Florida corporations, I was shocked to find that all three were not received. We can only assume that the registrations were not received.

As we discussed, we are requesting a waiver of the reinstatement fees. We have not received any of the other notifications that we should have received and we surprised by the final notice. We have checked into the missing notices but have not found any of them to have been delivered.

We have reviewed our procedures for processing these very critical documents and will ensure that these documents are sent in a matter in which we can assure delivery. We thoroughly appreciate your support in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Carroll S. Levison".

Carroll S. Levison  
President