

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
01 NOV -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009647

1. Corporation Name

COMPUTERSMART SERVICES, INC.

Principal Place of Business

303 BLANDING BOULEVARD
ORANGE PARK FL 32065

Mailing Address

303 BLANDING BOULEVARD
ORANGE PARK FL 32065



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

REINSTATEMENT

01

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

01/28/1999

5. FEI Number

59-3568653

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCCLAIN, TOM	303 BLANDING BOULEVARD	ORANGE PARK FL 32073
VP	PARSON, THOMAS J	303 BLANDING BLVD	ORANGE PARK FL 32073

700004698187--7
-11/29/01--01044--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

JONES, TERRANCE A
769 BLANDING BOULEVARD
ORANGE PARK FL 32065

9. Name and Address of New Registered Agent

Name

Tom McClain

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

1069 Birchwood Dr.

Suite, Apt. #, Etc.

Orange Park

City

Orange Park

State

FL

Zip Code

32065

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]

REGISTERED AGENT MUST SIGN

Date

10/30/01

[Signature]
11/27

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] Tom McClain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #

(904) 272-1516

CR2E040 (8/01)