

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000016113**

1. Corporation Name

CLIENTTECH ONLINE SOLUTIONS, INC.

Principal Place of Business

301 NORTH TUBB STREET BOX 1044
OAKLAND FL 34760

Mailing Address

301 NORTH TUBB STREET BOX 1044
OAKLAND FL 34760

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

02/15/1999

5. FEI Number

59-3557585

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	HARPER, DAVID	10933 VERSAILLES BLVD.	CLERMONT FL 34711

400008594354
10/25/02--01066--004 **150.00

OLIVER TO

8. Name and Address of Current Registered Agent

HARPER, JAMES D
10933 VERSAILLES BLVD
CLERMONT FL 34711

9. Name and Address of New Registered Agent

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.

James D. Harper
Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-23-02

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:

James D. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 **407-654-4449**

CP2040 (8/02)



online solutions, inc.

Putting the Client First

October 23, 2002

To Whom It May Concern:

We were alarmed to get this Certificate of Dissolution as we do NOT want for this corporation to be dissolved. To our knowledge, we have never received any prior notices that we were delinquent with any forms or fees to maintain our corporation in the state of Florida.

We have enclosed an Application for Reinstatement, along with a check payable to the Department of State, in the amount of \$150.00.

If there are any problems or issues with this form, or any problem that will affect us doing business as a corporation in the State of Florida, please contact us immediately at 407-654-4449.

Sincerely,

A handwritten signature in cursive script that reads "David Harper".

David Harper