

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000040847

00 OCT 26 PM 3:33

1. Corporation Name

CPSI INC.

Principal Place of Business

Mailing Address

PMB 161, 5800 BEACH BLVD., SUITE 203  
JACKSONVILLE FL 32207

PMB 161, 5800 BEACH BLVD., SUITE 203  
JACKSONVILLE FL 32207



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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3574029

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
owner	John L. Stivers	PMB 161 5800 Beach Blvd Suite 203 Jacksonville FL 32207	Jacksonville, FL 32207
			3000003459713--5 -11/09/00--01115--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STIVERS, JOHN L  
PMB 161, 5800 BEACH BLVD., SUITE 203  
JACKSONVILLE FL 32207

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/15/00

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/00 9043480916

cpsi.txt

To : Division of Corporations  
From : CPSI Inc.  
Subject: Payment of Corp Fee  
Date : 10/19/00

I am responding to a DISSOLUTION notice for Document # P99000040847.  
This is a mistake and I do not want to be dissolved.

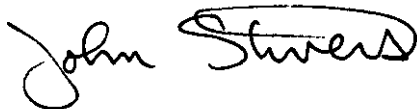
My register agent and I did not receive the earlier notice in March or whenever it was sent out. Apparently, he is signed up only as my federal and not my state registered agent and therefore has not received a previous state notice. I had assumed he was monitoring all of these business requirements.

This year was my first year as a business startup, I had no idea this was due after January of every year. I don't know why the previous notice was not sent/received. I am very meticulous and would have immediately paid this \$150 had I known or received such a notice.

I am asking for consideration to rebate and excuse these severe penalties and accept the enclosed \$150 due for corp renewal for the year 2000 to keep this status active for the year 2000.

Thank you for the consideration,

John Stivers  
CPSI Inc. , Owner



Document number : P99000040847  
EIN : 59-3574029