

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000051801

1. Corporation Name

LIGHTSPEED PC & NETWORKS, INC.

Principal Place of Business

Mailing Address

5742 FORESTER OAK COURT
SARASOTA FL 34243

5742 FORESTER OAK COURT
SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable
1343 Main Street

3. New Mailing Office Address, If Applicable
1343 Main Street

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip 34236 Country USA

Zip 34236 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1999

5. FEI Number
65-0941072

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 PST	NICHOLSON, ROBERT A	5742 FORESTER OAK COURT 1343 Main Street, Suite 400	SARASOTA FL 34243 34236
VP	WOODS, DONALD A., II	1343 Main Street, Suite 400	Sarasota, FL 34236
D	NICHOLSON, PAUL A.	1343 Main Street, Suite 400	Sarasota, FL 34236
D	PERSSE, JOHN W.	1800 Second Street, Suite 715	Sarasota, FL 34236
			100003482381--4 -12/01/00--01014--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERSSE, JOHN W
1800 SECOND STREET
SUITE 715
SARASOTA FL 34236

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/25/00

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:

Robert A. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00

Daytime Phone #

941.955.5257