

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 14 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0990000653232

1. Corporation Name

MAINFRAMES PLUS, INC.

200003768612--6

-02/26/01--01146--009

***300.00 ***300.00

2. Principal Office Address

13498 AQUILINE RD

3. Mailing Office Address

13498 AQUILINE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL.

Zip

32224

Country

FLORIDA

Zip

32224

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 17, 1999

5. FEI Number

59-3576387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TOM BARCA

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

13498 AQUILINE ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32224

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Thomas J. Barca

REGISTERED AGENT MUST SIGN

Date 02-04-2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Thomas J. Barca	13498 AQUILINE ROAD	JACKSONVILLE FL 32224
			SP

10. 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:

THOMAS J. BARCA
Thomas J. Barca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-2001

Date

904-910-3111

Daytime Phone #

CR2E081 (9/00)

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Mainframes Plus, Inc.

**Tom Barca
13498 Aquiline Road
Jacksonville, FL 32224
904-220-5700**

Friday, February 09, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter in hopes of gaining your support for my request to wave the Reinstatement Fee, for not filing an Annual Report. I am new in the business world, as far as being a corporation, and was unaware of this requirement. I made the mistake of allowing my accountant to file the necessary papers to become a corporation and I never saw any of the letters that you sent to the Starfish Lane, in Tampa, as I had moved to Jacksonville.

In these very trying times starting a business, I would be very grateful if you could assist me by waving the additional fees. Now that I am aware of the process, it will not happen again.

Thank you for your time



Tom Barca