

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000058299

1. Corporation Name

CUSTOMER SERVICE SOLUTIONS, INC.

Principal Place of Business

354 HYATT DR  
PALM BEACH GARDENS FL 33418

Mailing Address

354 HYATT DR  
PALM BEACH GARDENS FL 33418

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

06/25/1999

5. FEI Number

65-0935538

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	SAYRE, ROBERT	46 SOMMERSET TER	PALM BEACH GARDENS FL 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAYRE, ROBERT  
354 HYATT RD.  
PALM BEACH GARDENS FL 33418

Name Steve Ellison, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1 Clematis St.  
Suite, Apt. #, Etc.

City West Palm Beach State FL Zip Code 33401

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 10/25/01

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 #

10/24/01 561-622-4260

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**CUSTOMER SERVICE SOLUTIONS, INC.**  
**354 HIATT DRIVE**  
**PALM BEACH GARDENS, FLORIDA 33418**

October 23, 2001

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Document # P99000058299 – Customer Service Solutions, Inc.

Dear Sir or Madam:

This letter is in regard to the above referenced document number. We sent the 2001 Uniform Business Report along with check # 027843 in the amount of \$550.00 to your office on August 8, 2001. The check was cashed on August 17, 2001 (see attached). We then received a Certificate of Administrative Dissolution or Revocation. Per our phone conversation with your office today, we were instructed to have our registered agent sign the form and return to your office with no additional fees or penalties. If you have any questions, please contact our accounting department at (561) 622-4260.

Sincerely,



Robert Sayre  
Director, Customer Service Solutions, Inc.