

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 12 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999-109214

1. Corporation Name

BANK SOFT SERVICES, INC

700030598247
03/17/04--01015--016 **300.00

REINSTATEMENT 03-04

2. Principal Office Address

435 DOUGLAS AVE

Suite, Apt. #, etc.

SUITE 1005

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

US

3. Mailing Office Address

435 DOUGLAS AVE

Suite, Apt. #, etc.

SUITE 1005

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/99

5. FEI Number

59-3615106

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

DAVID HARRIS

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

1604 TALISIA CT

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32714

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

David Harris

REGISTERED AGENT MUST SIGN

Date

3/11/04

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	DAVID HARRIS	1604 TALISIA CT	LONGWOOD, FL 32779

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:

David Harris, DAVID HARRIS PRESIDENT 3/11/04 407496-9786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

TO: Florida Department of State

Date: 3/11/2004

From: David Harris, President
BankSoft Services, Inc.

Message:

I received a call from my banker this morning. He informed me that my company was INACTIVE. Upon hearing that I called my accountant, he told me how to access the records on the internet and we confirmed what my banker told me. My accountant told me then to call this Department, which I did. A lady from your department said a letter was sent to my company on May 22, 2002 about the INACTIVATION of my company. I told her I never received this letter and my accountant has a record and my cancelled check for paying the UBR in 2002, so the corporation should not have been placed on INACTIVE status.

The lady from your Department told me to document this in a letter and then forward to your Department along with a check for \$300 to cover 2003 and 2004.

I would appreciate if you would please ACTIVATE my corporation as soon as possible, so that I stay in compliance with my Banker's requirements.

Thank you very much for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David Harris", with a long, sweeping horizontal line extending to the right.

David Harris, President