

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S06860

1. Corporation Name

SPECIALIZED COMPUTER SERVICES, INC.

2002 ubf

FILED

02 NOV 20 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

510 SAN SEBASTIAN PRADO  
ALTAMONTE SPRINGS FL 32714

Mailing Address

510 SAN SEBASTIAN PRADO  
ALTAMONTE SPRINGS FL 32714



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

2. New Principal Office Address, If Applicable

1000 S ORLANDO AVE

Suite, Apt. #, etc.

A-4

City & State  
MAITLAND FL

Zip  
32751

Country  
ORANGE

3. New Mailing Office Address, If Applicable

1000 S ORLANDO AVE

Suite, Apt. #, etc.

A-4

City & State  
MAITLAND FL

Zip  
32751

Country  
ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/1990

5. FEI Number

59-3033861

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SMITH, SCOTT C.	510 SAN SEBASTIAN PRADO 1000 S ORLANDO AVE A-4	ALTAMONTE SPRGS FL MAITLAND, FL 32751
D	SMITH, PATRICIA B.	510 SAN SEBASTIAN PRADO 1000 S ORLANDO AVE A-4	ALTAMONTE SPRGS FL MAITLAND, FL 32751

900008645479  
10/29/02--01043--001 \*\*150.00

900008645479  
11/27/02--01071--002 \*\*400.00

8. Name and Address of Current Registered Agent

SMITH, SCOTT C.  
510 SAN SEBASTIAN PRADO  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

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

1000 S ORLANDO AVE

Suite, Apt. #, Etc.

A-4

City

MAITLAND

State

FL

Zip Code

32751

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

4077744428

Date

Daytime Phone #

CP2E040 (8/02)



# Keilman Accounting & Tax Service

2052

Ralph W. Keilman  
Certified Public Accountant  
117 Sandy Oaks Place  
Longwood, FL 32779-9779

Telephone (407) 865-9637  
Fax (407) 865-9639

October 24, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Specialized Computer Services  
# S06860

Dear Sir or Madam:

The taxpayer has asked me to handle this matter for him. Enclosed is the application for reinstatement for Specialized Computer Services, Inc. and a check in the amount of \$150.00. I ask that the penalty of \$600.00 be abated for the following reasons.

1. Specialized Computer Services, Inc., (SCS), has been my client for the last seven years. I ask all my clients to send me all forms received for any governmental agency. SCS does this and I complete the forms, return the completed forms to my client and they file the returns on time. I received the forms this year and put them to the side to be completed. The 2002 UBR was placed in a storage box and not completed for the client.
2. The taxpayer relied on me to prepare their forms and return them in a timely fashion and I inadvertently misplaced their form.
3. The taxpayer moved and did not receive the second notice. Apparently, the post office did not forward this notice.
4. The taxpayer had no idea that the return was not filed until he received the forwarded notice of administrative dissolution or revocation. (See forwarded postage sticker enclosed)

Please waive the reinstatement fee for the reasons mentioned above.

If you have any questions, please call me at (407) 865-9637. Thank you for your consideration.

Sincerely,

Ralph W. Keilman, CPA  
Member of American Institute of Certified Public Accountants  
Member of Florida Institute of Certified Public Accountants