

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
TALLAHASSEE, FLORIDA
01 NOV -5 PM 12:27

DOCUMENT # **S20462**

1. Corporation Name

COMPUTERSMART, INC.

Principal Place of Business

303 BLANDING BLVD
ORANGE PARK FL 32073
US

Mailing Address

303 BLANDING BLVD.
ORANGE PARK FL



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

Jane D. Kirby
Suite, Apt. #, etc.
1069 Birchwood Dr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1990

5. FEI Number

59-3132675

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
VP	MCCLAIN, THOMAS	1069 BIRCHWOOD DR.	ORANGE PARK FL
VP	KIRBY, JANE	1069 BIRCHWOOD DR	ORANGE PARK FL
VP	JIMMY D. GILLESPIE	1069 BIRCHWOOD DRIVE	ORANGE PA
T	PENNY D. GILLESPIE	1069 BIRCHWOOD DRIVE	ORANGE PARK FL
			600004698316--3 -11/29/01--01049--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCCLAIN, THOMAS
1069 BIRCHWOOD DRIVE
ORANGE PARK FL 32065

9. Name and Address of New Registered Agent

Name

Jane D. Kirby

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

1069 Birchwood Dr.

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32065

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

Jane D. Kirby
REGISTERED AGENT MUST SIGN

Date 10/30/01

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:

Jane D. Kirby

Jane D. Kirby

10/30/01

(904) 272-1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)