

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67826**

1 Corporation Name

MULTIPLE PLATFORM SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**10441 HILLTOP DRIVE
NEW PORT RICHEY FL 34854**

**10441 HILLTOP DRIVE
NEW PORT RICHEY FL 34854**



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

2. New Principal Office Address, If Applicable

4970 Marina Palms Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4970 Marina Palms Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1991

5. FEI Number

65-0276102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 "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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
MCP	HURST, DEBORAH G.	10441 HILLTOP DRIVE 4970 Marina Palms Dr.	NEW PORT RICHEY FL 34668

000002025640--0
12/11/96--01025--006
****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**HURST, DEBORAH
10441 HILLTOP DRIVE
NEW PORT RICHEY FL 34854**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Deborah Hurst
REGISTERED AGENT MUST SIGN

Date

9-24-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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)(b), 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:

Deborah Hurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payline Phone #

9-24-96 813 8493415