

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

99 JAN -4 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S74985**

1. Corporation Name

INTEGRATED DEALER SYSTEMS, INC.

Principal Place of Business

Mailing Address

10901 B ROOSEVELT BLVD.  
SUITE 600  
ST. PETERSBURG, FL 33716

**REINSTATEMENT** 99-99

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

2. New Principal Office Address, If Applicable

**5275 CAPITAL BLVD**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**5275 CAPITAL BLVD**  
Suite, Apt. #, etc.  
**JOHN ARMSTRONG**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/16/91**

5. FEI Number

**59-3102759**

Applied For

Not Applicable

City & State

**RALEIGH, NC**

City & State

**RALEIGH, NC**

Zip

**27616**

Country

**USA**

Zip

**27616**

Country

**USA**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
?	MUELLER, MARK W.	4901 FOX BRANCH COURT	RALEIGH, NC 27614
✓	ARMSTRONG, JOHN P.	1905 PARK DRIVE	RALEIGH, NC 27605
✓	HAWKINS, STEPHEN R.	160 LAKE DRIVEWAY WEST	AJAX, ONTARIO CANADA

**100002730661--1**  
**-01/05/99--01068--020**  
**\*\*\*1058.75 \*\*\*1058.75**

8. Name and Address of Current Registered Agent

JOHN C. LAFAYETTE  
EAST LAKE WOODLANDS EXEC. CTR.  
3446 EAST LAKE ROAD, SUITE 212  
PALM HARBOR, FL 34685

9. Name and Address of New Registered Agent

Name  
**JOHN P. ARMSTRONG**  
Street Address (P.O. Box Number is Not Acceptable)  
**10901 B ROOSEVELT BLVD**  
Suite, Apt. #, Etc.  
**SUITE 600**  
City  
**ST. PETERSBURG**  
State  
**FL**  
Zip Code  
**33716**

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

*John Armstrong*  
REGISTERED AGENT MUST SIGN

Date **12-30-98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John P. Armstrong*  
**John P. Armstrong**

**12-30-98**  
Date

**919-790-5442**  
Daytime Phone #