

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP -4 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **115703**

1. Corporation Name

COMPUTER SERVICE + SUPPORT OF
PALM BEACH INC

2. Principal Office Address

11985 US HWY. 1

Suite, Apt. #, etc.

201

3. Mailing Office Address

11985 US HWY. 1

Suite, Apt. #, etc.

201

City & State

N. PALM BEACH

City & State

N. PALM BEACH

Zip

33408

Country

PALM BCH

Zip

33408

Country

PALM BCH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0317314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARSHALL SMITH

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

11985 US HWY 1

Suite, Apt. #, Etc.

201

City

N. PALM BEACH

State

FL

Zip Code

33458

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

Marshall Smith

Date 8/30/01

REGISTERED AGENT MUST SIGN

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
P	MARSHALL SMITH	18276 - LAKEBEND DR	JUPITER FL 33458
S	DAM REEKERS	18276 LAKEBEND DR	JUPITER FL 33458

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:

Marshall Smith President

8/30/01

Date

561 625 8626

Daytime Phone #



August 31, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Examiner:

In July 1999 we moved our offices to our present location. It is my assumption that your forms were sent to our old location and not forwarded to our new location by the post office. I regret for not knowing to have to inform your office about our change of address.

I spoke with your office and was directed to send a check for the amount of \$300.00 for the two previous years that were missed.

I hope this matter is resolved. Please contact our office at 561.625.8626 with any questions.

Thank you,

A handwritten signature in black ink that reads "Marshall Smith". The signature is written in a cursive, flowing style.

Marshall Smith
President