

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # F98000000927

1. Corporation Name

The Computer Merchant, Ltd. (Corporation)

2. Principal Office Address

95 Longwater Circle

Suite, Apt. #, etc.

City & State

Norwell, MA 02061

Zip

02061

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/17/98

5. FEI Number

04-2703758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 11-5-01

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	John R. Danieli	95 Longwater Circle	Norwell, MA 02061
T/S	Cheryl L. Danieli	95 Longwater Circle	Norwell, MA 02061
D	Louis J. Lanzillo, Jr.	95 Longwater Circle	Norwell, MA 02061

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: Cheryl L. Danieli, Treasurer/Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/01

Daytime Phone # 781-878-1070

FILED
01 NOV -5 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

BK

REINSTATEMENT

2000-2001

CR2E081 (8/00)