

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000034717**

1. Corporation Name

COMPUTERS DIRECT, INC.

Principal Place of Business

**3318 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**

Mailing Address

**3318 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**



2002 UBR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1092508

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PETER FISHER	22477 SWORDFISH DR.	BOLAR RATION FL 33428

200008591712
10/25/02--01046--010 **150.00

8. Name and Address of Current Registered Agent

**FISHER, PETER
3318 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**

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

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/19/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/02 954480-8405

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE:
Computers Direct, Inc.
P01000034717

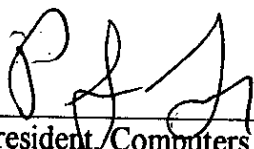
10/19/02

~~Dear Mr. Secretary of State:~~

This letter is a request to waive the reinstatement fee. This is the corporation's second year of business and no prior uniform business report notices have been received. Enclosed is the annual report fee of \$150.00 and the reinstatement form.

Please call me at 954-480-8405 if you need more information to proceed.

Thank you.



President, Computers Direct
Peter Fisher