

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**VOID**  
**FILED**

11 APR -7 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900200816019  
04/07/11--01004--003 \*\*1843.75

CR2E081 (11/09)

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000007630 1. Corporation Name <b>THE COMPUTER STORE, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>782 NW 42 AVENUE</b>			3. Mailing Office Address <b>782 NW 42 AVENUE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI FL</b>			City & State <b>MIAMI FL</b>		
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>01/15/2003</b>	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: <b>FIGUERO-ARIAS, CARMELO</b> <i>34/11</i> Street Address (P.O. Box Number is Not Acceptable): <b>960 W 49 STREET</b> <i>04-11</i> Suite, Apt. #, Etc.: <b>REINSTATEMENT</b> City: <b>HIALIAH</b> State: <b>FL</b> Zip Code: <b>33012</b>					
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: <i>Carmelo Figueroa</i> Date: <b>4-1-11</b> 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	PEREZ, ROBERTO	3001 SW 101 CT		MIAMI FL 33175	
VP	TENDERO, RAFAEL	3001 SW 101 CT		MIAMI FL 33175	
T	COBO, ARTURO	3001 SW 101 CT		MIAMI FL 33175	
S	GAZQUEZ, JESUS	3001 SW 101 CT		MIAMI FL 33175	
AT	PEREZ, ERNESTO	3001 SW 101 CT		MIAMI FL 33175	
AS	GONZALEZ, ANGEL	3001 SW 101 CT		MIAMI FL 33175	
10. E-mail Address: <b>paralegal@att.net</b> <small>(To be used for future annual report notification)</small>					
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. I further certify, 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: <i>Roberto Perez</i> <b>4/1/11</b> 3052569606 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Reinstatement voided

Name Change Amendment required as part of the reinstatement could not be filed and was rejected. MEM. 04/27/11