

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006002

1. Corporation Name

A Plus Computer Service, Inc.

REINSTATEMENT 00-04

600029417916
02/26/04--01004--023 **1350.00

2. Principal Office Address
15327 NW 60th Avenue

3. Mailing Office Address
15327 NW 60th Avenue

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip Country
33014 US

Zip Country
33014 US

4. Date Incorporated or Qualified
To Do Business in Florida Jan 1996

5. FEI Number
650635484

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
Rudy Jackson

Street Address (P.O. Box Number is Not Acceptable)
16421 NW 77 Place

Suite, Apt. #, Etc.

City
Miami Lakes

State
FL

Zip Code
33016

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

Rudy Jackson

REGISTERED AGENT MUST SIGN

Date

2/18/04

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	Rudy Jackson	16421 NW 77 Place	Miami Lakes, FL 33016

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:

Rudy Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/04

Daytime Phone #

CR2001 (01/04)