

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 17 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000002162**

1. Corporation Name

**Computer Consultants of America
Florida, Inc.**

2. Principal Office Address

3030 W Rocky Pt Dr W

Suite, Apt. #, etc.

Suite 160

City & State

TAMPA, FL

Zip

33607

Country

U.S.

3. Mailing Office Address

24901 NORTHWESTERN Hwy

Suite, Apt. #, etc.

Suite 601

City & State

SOUTHFIELD MI

Zip

48075

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/99

5. FEI Number

31-1677537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

*Bob Quinn - Sr. Acct. Mgr.
gave permission to correct
document*

7. Name and Address of Current Registered Agent

Name

Joyce Wheeland

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

3030 W Rocky Pt Dr W.

Suite, Apt. #, Etc.

Suite 160

City

TAMPA

State

FL

Zip Code

33607

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

Joyce Wheeland
REGISTERED AGENT MUST SIGN

Date

4/7/03

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	JOYCE WHEELAND	315 WILSHIRE	Bloomfield Hills MI 48302
S/T	JOHN WHEELAND	"	" 700016131277
			04/17/03--01008--019 **908.75

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:

Joyce Wheeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/03

Daytime Phone #

248-353.0830

CR2ED81 (10/02)