

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -7 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003625

1. Corporation Name

COMPUTERTODAY CORPORATION

2. Principal Office Address - No P.O. Box #

782 NW 42 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

782 NW 42 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2001

5. FEI Number



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

FIGUERO-ARIAS, CARMELO

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

960 W 49 STREET

Suite, Apt. #, Etc.

City

HIALIAH

State

FL

Zip Code

33012

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Carmelo Figueroa
REGISTERED AGENT MUST SIGN

Date

4-1-11

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	COBO, ARTURO	3001 SW 101 CT	MIAMI FL 33175
VP	TENDERO, RAFAEL	3001 SW 101 CT	MIAMI FL 33175
T	PEREZ, ROBERTO	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: **paralegal@att.net**

(To be used for future annual report notification)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3052569606

Daytime Phone #