2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -4 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000691

1. Entity Name
SYSTEMAX COMPUTERS, INC.

Principal Place of Business	Mailing Address
11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050

REINSTATEMENT

10292004 REIN-F CR2E098 (6/04) 04

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
11-3262067

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Patrick Lalor Patrick Lalor, Assistant Secretary 11/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LEEDS, RICHARD 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900042477159 11/04/04--01049--022 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEEDS, ROBERT 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEEDS, BRUCE 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOLDSCHEIN, STEVEN 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOOLEY, ROBERT 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPEILLER, MICHAEL 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #