DOCUMENT #

1. Corporation Name: CVR Computer Supplies

F08000004206

300341023823
02/04/20--01015--001 **1050.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16375 NE 18th Ave	
Suite, Apt. #, etc: Suite 307	Suite, Apt. #, etc.
City & State: N. Miami Beach	City & State
Zip: 33162 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 11-3280922 ☐ 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: Florida Registered Agent

Street Address (P.O. Box Number is Not Acceptable): 1401 4th St Ste 307

Suite, Apt. #, Etc

City: St. Petersburg State: FL Zip Code: 33702

FILED
2020 FEB -4 AM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Bill Name Date: 2

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
CP	William Reinhold	621 Dahill Rd	
		Brooklyn NY 11218	

REINSTATEMENT
2018 - 2020

10. E-mail Address: AYCVR@yahoo.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Steve Julias VP Sales 2-3-20 856 857 0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

856 857 0357

FEB 4 2020

M. WILLIAMS