

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 NOV -4 PH 4:38

DOCUMENT # F13768

1. Corporation Name

Commercial Computers, Inc.

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

7 N Hibiscus Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7 N Hibiscus Drive

Suite, Apt. #, etc.

City & State

Miami Beach

Zip

33139

Country

USA

City & State

Miami Beach

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/1980

5. FEI Number

59-2055362

☐ 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

Harvey Willensky

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

7 N Hibiscus Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139



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 section 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/2/2009

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	Harvey Willensky	7 N Hibiscus Drive	Miami Beach, FL 33139
V	Margie Willensky	7 N Hibiscus Drive	Miami Beach, FL 33139

REINSTATEMENT

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B 11/4/09

10. E-mail Address: harvey@cci-sw.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

Harvey Willensky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/2009 305 206-1092

Date

Daytime Phone#