

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002277

1. Corporation Name

EQ COMPUTER PRODUCTS AND SERVICES, INC.

Principal Place of Business

~~25 SYLVAN ROAD SOUTH~~
~~SUITE D~~
~~WESTPORT CT 06880~~

Mailing Address

~~25 SYLVAN ROAD SOUTH~~
~~SUITE D~~
~~WESTPORT CT 06880~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1993

Suite, Apt. #, etc.

951 CLINT MOORE RD.
BOCA RATON, FL.

Suite, Apt. #, etc.

206 DANBURY RD.
WILTON, CT.

Zip

Country

33487

Zip

Country

06897

5. FEI Number

06-1367245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	PARKES, RICHARD	25 SYLVAN ROAD SOUTH 951 CLINT MOORE RD.	WESTPORT CT 06880 BOCA RATON FL 33487
VP	SCHNEIMAN, STANLEY DELETE	25 SYLVAN ROAD SOUTH	WESTPORT CT 06880
S	DUNN, SCOTT	25 SYLVAN ROAD SOUTH 206 DANBURY RD.	WESTPORT CT 06880 WILTON, CT 06897
D	O'HANLON, MICHAEL	25 SYLVAN ROAD SOUTH 206 DANBURY RD.	WESTPORT CT 06880 WILTON CT 06897
D	MALLIN, JOEL	110 EAST 59TH STREET	NEW YORK NY 10022

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002340567-8

11/06/97 State FL Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

103097

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 118.07(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:

Scott C. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/97 (203) 834-6363

Daytime Phone #

CR2000 (8/97)