

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F96000003718

1. Corporation Name

MICROCOMPUTERS, PERIPHERALS & SERVICES, INC.

Principal Place of Business

125 FLECHA LANE --  
LAREDO TX 78041

Mailing Address

125 FLECHA LANE --  
LAREDO TX 78041

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

2. New Principal Office Address, If Applicable

1820 W. Calton Rd.

3. New Mailing Office Address, If Applicable

101 W. Hillside

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6-B

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1996

5. FEI Number

74-2666301

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
C	MORENA, MARTIN M	125 FLECHA LANE -- 1820 W. Calton Rd.	LAREDO TX 78041
DS	CUEN, ENRIQUE O	125 FLECHA LANE -- 1820 W. Calton Rd.	LAREDO TX 78041
D	DE LA VEGA MEJIA, FRANCISCO	125 FLECHA LANE -- 1820 W. Calton Rd.	LAREDO TX 78041
PT	RAMIREZ, FRANCISCO	125 FLECHA LANE -- 1820 W. Calton Rd.	LAREDO TX 78041

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

Francisco Ramirez

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

2115 N.W. 84th Ave.

Suite, Apt. #, Etc.

City

Miami

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

REGISTERED AGENT MUST SIGN

Date

3/4/98

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 119.07(3)(l), 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:

Francisco Ramirez

3/4/98

(305) 513-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT 97-98

FILED

98 MAR -9 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CP22040 (8/97)