

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:47

DOCUMENT # F98000000057

1. Corporation Name

EN POINTE TECHNOLOGIES SALES, INC.

Principal Place of Business

Mailing Address

100 NORTH SEPULVEDA BLVD., 19TH FLOOR
EL SEGUNDO CA 90245

100 NORTH SEPULVEDA BLVD., 19TH FLOOR
EL SEGUNDO CA 90245



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

01/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-4650291

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C CEO	DIN, ATTIAZAZ "BOB"	100 NORTH SEPULVEDA BLVD., 19TH	EL SEGUNDO CA 90245
CFOS	MERCER, ROBERT A	100 NORTH SEPULVEDA BLVD., 19TH	EL SEGUNDO CA 90245
D	DIN, NAUREEN	100 NORTH SEPULVEDA BLVD., 19TH	EL SEGUNDO CA 90245
PCEO	SHABAZIAN, MICHAEL R.	100 N. SEPULVEDA BLVD., 19TH	EL SEGUNDO, CA 90245
9000003458119--0 -11/09/00--01019--019 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Robert A. Mercer
REGISTERED AGENT MUST SIGN

Date 10/16/00

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., 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)(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:

Robert A. Mercer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT A. MERCER, CFO

10/12/00 (30) 725-1133
Date Daytime Phone #

CR2040 (8/00)