PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE **CORPORATION** 08 JAN 23 AM 11:58 Secretary of State 2008 **DIVISION OF CORPORATIONS** TALLAHASSEE, FLORIDA ANNUAL REPORT DOCUMENT # F9800000057 1. Corporation Name EN POINTE TECHNOLOGIES SALES, INC 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 18701 SOUTH FIGUEROA STREET 18701 SOUTH FIGUEROA STREET CR2E081 (12/07) Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 01/03/2007 City & State City & State 5. FEI Number Applied For GARDENA, CALIFORNIA GARDENA, CALIFORNIA 95-4650291 Not Applicable Zio Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 90248-4506 USA 90248-4506 USA for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in CORPORATION SERVICE COMPANY circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 1201 HAYS STREET are certifying the prior notices were: not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. State Zip Code 32301-2525 TALLAHASSEE 8. It, 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director C ALTIAZAZ "BOB" DIN GARDENA, CALIFORNIA 90248 18701 SOUTH FIGUEROA STREET S ROBERT A. MERCER 18701 SOUTH FIGUEROA STREET GARDENA, CALIFORNIA 90248 D 18701 SOUTH FIGUEROA STREET NAUREEN DIN GARDENA, CALIFORNIA 90248 **CFO** JAVED LATIF 18701 SOUTH FIGUEROA STREET GARDENA, CALIFORNIA 90248 7**00116**365227 01/29/08--01038--007 **150.00 10. 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 filling 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 contained in Chapter 119, 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.

M BOBERT A. MERCER

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(310) 337-5200

Daytime Phone #

Date

