

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000002520						. FI	LED	ta Li	
ARAGON COMPUTER PROFESSIONALS, INC.						The state of the s			
Principal Plac 20 COMMER CRANFORD, I	CE DR., STE. 226	Mailing Address 20 COMMERCE DR., STE. 226 CRANFORD, NJ 07016				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	3. Mailing Address	lling Address							
11 Suite, Apt.	COMMERCE DRIVE		11 Commerce Drive Suite, Apt. #, etc.				-		
· · · · · · · · · · · · · · · · · · ·						10202004 REIN-P CR2E098 (6/04)			
City & Stat	e	CRANFORD NJ 07016			4. FEI Numb 22-238			oplied For ot Applicable	
Zip CCR	ANFORD NJ 09016	Zip Count					\$8.75 Add		
- 070	16 USA	07016	USA			of Status Desired	Fee Require		
6. Name and Address of Current F		gistered Agent		Name	7. Name and Address of New Registered Agent				
=C-T-CORPORATION.SYSTEM									
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324					3	•		•	
· V.	· · ·	ļ		City		T	Zip Cod	e	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
15/20/2004									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								F.S., the notice.	
10.	OFFICERS AND I	L DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFICERS /	AND DIRECTOR	S IN 11	
TITLE			TITLI	E				☐ Addition	
NAME	O'CONNOR, DANIEL J		NAM						
STREET ADDRESS CITY-ST-ZIP	130 H 670			STREEF ADDRESS 11 COMMERCE DRIVE CRANFORD NJ 07016					
TITLE	V □ Delete			E	CRANFORE NJ 07018				
NAME	ALICASTRO, MICHAEL		NAM	IÈ	- **			-	
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CITY-ST-ZIP	cartify that the information available with	this filing class set suclific for		r-ST-ZIP	n Section 110 07(3)	(i) Florida Statutas I fuebas	certify that the i	nformation	
2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.									
SIGNATURE: State Filth									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									