

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000006732

1. Corporation Name

ON CALL COMPUTING, INC.

Principal Place of Business

Mailing Address

~~70 RAYMOND STREET~~
EAST WEYMOUTH MA 02189

~~P.O. BOX 800066~~
EAST WEYMOUTH MA 02189

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

2. New Principal Office Address, If Applicable

1171 Washington St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1171 Washington St.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1999

5. FEI Number

04-3358687

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	City / State / Zip 4
CPVS	MCCAFFREY, ARTHUR J	79 RAYMOND STREET	EAST WEYMOUTH MA 02189
T	MCCAFFREY, ARTHUR J	79 RAYMOND STREET	EAST WEYMOUTH MA 02189
			400003630344--0 -02/02/01--01049--010 *****908.75 *****908.75

8. Name and Address of Current Registered Agent

MCCAFFREY, ARTHUR J
713 GROVELAND AVE
VENICE FL 34292

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Arthur J. McCaffrey

REGISTERED AGENT MUST SIGN

Date 1-17-01

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.

KE

SIGNATURE:

Arthur J. McCaffrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-01 7813356212

Daytime Phone #