

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
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463

DOCUMENT # H71542

1. Corporation Name

A TO Z COMPUTER INC

2. Principal Office Address

6051 N Ocean Drive

Suite, Apt. #, etc.

Apt # 1503

City & State

Hollywood FL 33019

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2574070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

00-02

7. Name and Address of Current Registered Agent

Name

Teresa Taborda

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

10240 SW 56 Street Suite 115

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

000004926430--2

02/14/02--01061--007

*****450.00 *****50.00

8. I, 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

Date 1/6/2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rodrigo Duran	6051 N Ocean Drive 1503	Hollywood Fl
VP	Amparo Duran	Avenida 9 #126-30	Bogota Colombia
TT	Claudia Duran	Avenida 9 # 126-30	Bogota Col.
S	Ricardo Duran	Avenida 9 # 126-30	Bogota Col.

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2002 (954) 349-9550

CR2E081 (9/01)

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A TO Z Computer, Inc.
15970 W State Road, Inc., Suite 212
Sunrise, FL 33326-1228
(954) 349-9580

February 1, 2002

Florida Department of State
Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314

REF: Doc # H71542

Dear Sir or Madam:

We are including a Reinstatement application with our check number 2154 for \$450.00. We never received the form for year 2000. We had moved and lost many mail. We did not realize that we had not paid.

If any question you can contact me at (305) 598-5354 or any urgent mail at 10240 SW 56th Street, Suite 115, Miami FL 33165

Thank you,



Teresa Taborda
Register Agent.