

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -7 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J45248

1. Corporation Name

STANDARDIZED COMPUTER SERVICES OF BOCA RATON, INC.

Principal Place of Business

2 EAST CAMINO REAL
BOCA RATON, FL 33432

Mailing Address

5178 PARKRIDGE DRIVE
OAKLAND, CA 94619

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

2. New Principal Office Address, If Applicable

351 EAST 84TH STREET

Suite, Apt. #, etc.

#16D

City & State

NEW YORK, NEW YORK

Zip

10028

Country

USA

3. New Mailing Address, If Applicable

351 EAST 84TH STREET

Suite, Apt. #, etc.

#16D

City & State

NEW YORK, NEW YORK

Zip

10028

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/86

5. FEI Number

13-3127107

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES DIR	LYNN GANN	351 EAST 84TH STREET #16D	NEW YORK, NEW YORK 10028

REINSTATEMENT

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****923.75 ****

923.75

8. Name and Address of Current Registered Agent

STEPHAN LAWRENCE
19500 TURNBERRY WAY #23A
AVENTURA, FL 33180

9. Name and Address of New Registered Agent

Name

JORGE LUIS WOLF, ESQUIRE

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

2875 NORTHEAST 191ST STREET

Suite, Apt. #, Etc.

SUITE 500

City

AVENTURA

State

FL

Zip Code

33180

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

[Signature]
THE REGISTERED AGENT MUST SIGN

Date 10/29/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

LYNN GANN, PRES / DIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Date

10/30/97

Date (time) Phone #