

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 29 PM 3:49

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

500164030115  
12/29/09--01033--003 \*\*150.00

CR2E081 (11/09)

DOCUMENT # K47130

1. Corporation Name

PCE Computer Services, Inc.

2. Principal Office Address - No P.O. Box #

951 Dog Track Road

Suite, Apt. #, etc.

City & State

Pensacola

Zip

32506

Country

US

3. Mailing Office Address

PO. Box 34300

Suite, Apt. #, etc.

City & State

Florida

Zip

32506

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

NOT SURE

5. FEI Number

59-2934784

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul S. Krawitz

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

5115 Chandelle Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Paul S. Krawitz*  
REGISTERED AGENT MUST SIGN

Date 12/28/2009

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
Pres	Paul S Krawitz	5115 Chandelle Dr.	Pensacola FL 32507

**REINSTATEMENT**

2009  
*SA*

10. E-mail Address: paul@pce.gccoxmail.com

(To be used for future annual report notification)

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. I further certify 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:

*Paul S. Krawitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/09 850-232  
3965  
Date Daytime Phone #