

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

AND  
FILED

03 FEB -4 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010789

Name and Mailing Address

0010201 01-FP-0.352 \*\*PRSRTH7-0-0615-33904-526122-  
COMPUTERS SIMPLIFIED, LLC  
522 WILDWOOD PARKWAY  
CAPE CORAL FL 33904-5261

REINSTATEMENT



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 522 WILDWOOD PARKWAY CAPE CORAL FL 33904		5. Date Organized or Qualified To Do Business in Florida 09/06/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number APPLIED FOR	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NIROUMAND, BAHRAM 522 WILDWOOD PARKWAY CAPE CORAL FL 33904		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600011788176 02/04/03--01077--003 **200.00 City FL Zip Code	
---	--	--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NIROUMAND, BAHRAM	522 WILDWOOD PARKWAY	CAPE CORAL FL 33904

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager \_\_\_\_\_ Date 1-29-03 Daytime Phone # 239 549 2233

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H03000040818 4))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0384

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**CORPORATION REINSTATEMENT**

**TONY'S AUTO TECHNICIAN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00