APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
00 DEC -8 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86722

1. Corporation Name

PST COMPUTERS, INC.

Principal Place of Business	Mailing Address
2808 N FEDERAL HWY FT LAUDERDALE FL 33306 US	2802 N FEDERAL HWY FT LAUDERDALE FL 33306 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/22/1990

5. FEI Number: 65-0211051 ☐ 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
DP	GUERTIN, PATRICK W.	4330 NW 101 DRIVE	CORAL SPRINGS FL

900003524449--1
-01/05/01--01019--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

GUERTIN, PATRICK W
4330 NW 101 DRIVE
CORAL SPRINGS FL 33065

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

CR2E040 (8/00)

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: Patrick W Guertin Date: 12/4/00

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Patrick W Guertin Date: 12/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0063721 AF

PST Computers, Inc.
2808 N. Federal Highway
Ft. Lauderdale, FL 33306-1426

November 15, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document #: L86722
Taxpayer: PST Computers, Inc.
Taxpayer ID: 65-0211051
Tax Year: 2000

Dear Sir or Madam:

Enclosed with this letter is an application for reinstatement and a check in the amount of $150. We are sorry that the payment was not sent in on time, but there was a sudden illness by our bookkeeper and we were not aware that a payment was due. We respectfully request that you abate the penalties caused by this unfortunate situation. Thank you in advance for your prompt attention to this matter.

Sincerely,

Pat Gurentin
President

Encl.