

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **L99000005982**

1. Limited Liability Company's Name

**Computers E-Z LLC**

**REINSTATEMENT 2000**

2. Principal Office Address

**4815 W Knights Griffin Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 1423**

Suite, Apt. #, etc.

4. State/Country of Formation

**Florida / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**Sept 1 1999**

6. FEI Number

**251319022**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

**Christopher H. Norman**

**3000003488363-4**

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

**315 South Hyde Park Avenue**

**-12/05/00--01113--001**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

City

**Tampa**

State

**FL**

Zip Code

**33606**

9. 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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date **10/25/00**

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

**President Gregory V. Ours I**

**4815 W. Knights Griffin Rd Plant City FL 33565**

**Vice President Ashley Rader**

**1604 Tangerine Ct Plant City FL 33566**

11. 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

**Gregory V. Ours I**

Date **10/25/00**

Daytime Phone #

**707-9335  
763-9889**

Typed or printed name of signing Managing Member/Manager

**Gregory Vincent Ours I**