

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000005774

1. Corporation Name

THE COMPUTERS UNLIMITED FOUNDATION, INC.

Principal Place of Business

210 W. 23RD ST.
RIVIERA BEACH FL 33404

Mailing Address

210 W. 23RD ST.
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1998

5. FEI Number

65-0870412

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

CEOP

SINGLETON, WILLIE S

210 W. 23RD ST.

RIVIERA BEACH FL 33404

D

SINGLETON, WILLIE S

210 W. 23RD ST.

RIVIERA BEACH FL 33404

D

SINGLETON, MILDRED H

210 W. 23RD ST.

RIVIERA BEACH FL 33404

D

SCOTT, RICHARD

2927 EMBASSY DRIVE

WEST PALM BEACH FL 33407

700008868157
11/07/02--01053--021 **236.25

8. Name and Address of Current Registered Agent

SINGLETON, WILLIE S

210 W. 23RD ST.
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Riviera Beach

FL

33404

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. or 617.0505, F.S.

Signature of
Registered Agent

WILLIE S SINGLETON
REGISTERED AGENT MUST SIGN

Date

11-4-02

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.

561-848-23 05

SIGNATURE:

WILLIE S SINGLETON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-02