

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005622

1. Corporation Name

EINSTEIN COMPUTER CORP.

Principal Place of Business

8551 W SUNRISE BLVD  
STE 301  
PLANTATION FL 33322

Mailing Address

8551 W SUNRISE BLVD  
STE 301  
PLANTATION FL 33322

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

01/18/2000

5. FEI Number

65-0976591

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
PDCE	MERL, BRETT	10213 VESTAL COURT	CORAL SPRINGS FL 33071
ST	NEBER, ELVIRA L	2260 SW 131 PLACE	MIAMI FL 33175

500024337335  
10/31/03--01080--001 \*\*150.00

8. Name and Address of Current Registered Agent

RUBIN, MARCI A ESQ.  
1601 N. HARISON PARKWAY  
SUITE 200, BLDG. A  
SUNRISE FL 33323

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

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

*Marci A Rubin, Esq.*  
REGISTERED AGENT MUST SIGN

Date 10/27/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 100

CR2E040 (7/03)



# Legal Club Of America®

*Witness*

October 28, 2003

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

RE: Reinstatement Fee Waiver


To Whom It May Concern:

Please be advised that we did not receive any notification of UBS annual report prior to the issuance of the enclosed reinstatement application. The Suite number you have on our address is incorrect. The remaining three of our corporate entities were indeed received and the address was correct, but for some reason this one was not. Please reinstate the corporation and waive the reinstatement fee due to the error made by your offices. I have enclosed the appropriate annual report fee as required.

Thank you for your assistance.

Very truly yours,

BY

  
Elvie Lamar Weber  
Chief Financial Officer