PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016669

REINSTATEMENT 01-03

1. Corporation Name

COMPUTECH PRODUCTS INC.

2. Principal Office Address		**3.** Mailing Office Address	
1602 Nw 84 Ave		1602 Nw 84th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl		City & State: Miami, Fl	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Feb 16, 2000

5. FEI Number: 65-1017562 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jorge Alfonso

Street Address (P.O. Box Number is Not Acceptable): 1602 Nw 84th Ave

400021135914
06/25/03--01073--001 **105.00

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

Date 6/12/2003

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ricardo Antonio Juan	1602 Nw 84th Ave	Miami, Fl

10. 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: _____ JORGE E ALFONSO 6/12/2003

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

ji 6/27