

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 16 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05

TR



02092005 REIN-P CR2E098 (6/04)

DOCUMENT # P00000043129					
1. Entity Name COMPUGLOBE, INC.					
Principal Place of Business 601 WEST OAKLAND PARK BLVD. SUITE 4 FORT LAUDERDALE, FL 33311			Mailing Address 601 WEST OAKLAND PARK BLVD. SUITE 4 FORT LAUDERDALE, FL 33311		
2. Principal Place of Business 4072 W. Broward Blvd Suite, Apt. #, etc.		3. Mailing Address 4072 W. Broward Blvd Suite, Apt. #, etc.			
City & State Plantation FL		City & State Plantation FL		4. FEL Number 65-1003108	
Zip 33317		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEITA, CHRIS 601 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name: Neita Chris Street Address (P.O. Box Number is Not Acceptable): 4072 W. Broward Blvd City: Plantation FL Zip Code: 33317		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITA, CHRIS 4072 WEST BROWARD BLVD PLANTATION, FL 33317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100049077951 03/24/05--01006--012 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			3-5-05 954-587-1273		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		