

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 -6 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073107

1. Corporation Name

ST. BERNARD'S COMPUTER SERVICES CORP.

Principal Place of Business

8912 NORTH WEST 121 STREET
HIALEAH GARDENS FL 33018

Mailing Address

8912 NORTH WEST 121 STREET
HIALEAH GARDENS FL 33018

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

REINSTATEMENT 2002

4. Date Incorporated or Qualified To Do Business in Florida

07/28/2000

5. FEI Number

65-1034589

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
PVST	CASTRO, MARIA G	8912 NORTH WEST 121 STREET	HIALEAH GARDENS FL 33018
D	CASTRO, MARIA G	8912 NORTH WEST 121 STREET	HIALEAH GARDENS FL 33018

800009817738
11/06/02--01025--003 **750.00

8. Name and Address of Current Registered Agent

CASTRO, MARIA G
8912 NORTH WEST 121 STREET
HIALEAH GARDENS FL 33018

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

Maria Castro
REGISTERED AGENT MUST SIGN

Date

10/25/2002

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:

Maria Castro
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2002
Date

(305) 775-4215
Daytime Phone #

CR2E040 (8/02)