

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 21 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025657

1. Corporation Name

THE PRO COMPUTER SALES & SERVICES, INC.

Principal Place of Business

1831 NORTHWEST 2ND AVENUE
HOMESTEAD FL 33030

Mailing Address

1831 NORTHWEST 2ND AVENUE
HOMESTEAD FL 33030

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

03/13/2001

5. FEL Number

65-1085676

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	GOMEZ, PEDRO	1831 NORTHWEST 2ND AVENUE	HOMESTEAD FL 33030

800009158458
11/21/02--01099--019 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-02

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02(305)246-0814
Date Daytime Phone #

CR2E040 (8/02)

OCT. 24, 2002

THE PRO COMPUTER SALES + SERVICES
1831 NW 2 AVE INC.


HOMESTEAD, FL. 33030

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO ACHIEVE "ACTIVE"
STATUS FOR MY CORPORATION "THE PRO COMPUTERS SALES + SERVICES
AS I FILED THIS FORM, AS REQUIRED, IN FEBRUARY INC.
AND HAVE NOT RECEIVED ANY CORRESPONDENCE
UNTIL THIS DISSOLUTION NOTICE. I DID NOT RECEIVE
ANY UNIFORM BUSINESS REPORT. PLEASE CORRECT
THIS SITUATION AS SOON AS POSSIBLE AND PLEASE
LET ME KNOW WHAT THE DATE OF REINSTATEMENT IS.
ENCLOSED IS A CHECK FOR THE APPROPRIATE FEE
FOR FILING WITHOUT PENALTY AS THE CHECK YOU HAVE
FROM FEBRUARY IS VOID. THANK YOU FOR YOUR
ATTENTION

SINCERELY,


PEDRO GOMEZ PRESIDENT

THE PRO COMPUTER SALES + SERVICES