

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gloria E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000036443

1. Corporation Name

COMPUTER CLINIC, CORP.

FILED

03 DEC 17 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

710 N OCEAN BLVD
SUITE 608
POMPANO BEACH FL 33062
US

710 N OCEAN BLVD
SUITE 608
POMPANO BEACH FL 33062
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



900024213469
10/28/03--01064--026 **\$600.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1102608

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	DIAZ, RUBEN	2967 SW 26 ST.	MIAMI FL 33133

900024213469
12/17/03--01026--019 **\$150.00

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, RUBEN
2967 SW 26 ST.
MIAMI FL 33133

Name

Ruben DIAZ

Street Address (P.O. Box Number is Not Acceptable)

907 Cypress Grove Drive

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03 (954) 909-9311

Date

Daytime Phone #