

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL -6 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043 956

1. Corporation Name

Computer Solutions Unlimited Inc

2. Principal Office Address

4531 NW 32nd ct

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Landersdale Lakes

City & State

FL

Zip

33319

Country

U.S.A.

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2001

5. FEI Number

65-11-03-816

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

James CAJUSTE

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

4531 NW 32nd ct

400038493004
07/01/04--01007--003 **300.00

Suite, Apt. #, Etc.

Landers

City

Landersdale Lakes

State

FL

Zip Code

33319

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

James Cajuste

REGISTERED AGENT MUST SIGN

Date

4-19-04

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
DIR	Roland CAJUSTE	1250 Ocean Ave APT 114	Brooklyn NY 11230

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

Daytime Phone #

CR2E081 (10/02)

To whom it may concern

I did not receive the notices to file. Attached is a check
In the amount of \$300.00 for 2003 and 2004 UBR.

Thank you

James Cajuste
Computer Solutions Unlimited INC
4531 NW 32nd Ct Lauderdale Lakes FL 33319