

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080189

1. Corporation Name

COMPUBRASS INTERNATIONAL INC.

Principal Place of Business

1062 NW 127 PATH  
MIAMI FL 33182

Mailing Address

1062 NW 127 PATH  
MIAMI FL 33182

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

2. New Principal Office Address, If Applicable

3901 NW 79 Ave  
Suite, Apt. #, etc.  
#124

City & State  
Miami, Fla

Zip  
33182 Country  
U.S.A.

3. New Mailing Office Address, If Applicable

3901 NW 79 Ave  
Suite, Apt. #, etc.  
#124

City & State  
Miami Fla

Zip  
33182 Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/2001

5. FEI Number

65-1127785

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
PT	MIRANDA, MARIA	1062 NW 127 PATH	MIAMI FL 33182

8. Name and Address of Current Registered Agent

GONZALEZ, JOEL  
9191 FOUNTAINBLEU BLVD., #16  
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

N/A

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]*  
REGISTERED AGENT MUST SIGN

Date

10-22-02

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]* Maria Miranda 10/22/02 9708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

COMPUBRASS INTERNATIONAL INC.  
3901 NW 79<sup>TH</sup> AVENUE STE 124  
MIAMI FLA 33166

Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

Oct 22, 2002

To whom it may concern,

Enclosed is my reinstatement form and my ck in the amount of \$158.75 which covers the certificate and reinstatement fee. I have discussed this with my accountant and was informed what to do. We have moved since June and have not received this form.

I do apologize for any inconvenience and hope that this takes care of matters.

Sincerely,



Maria Miranda

President

Compubrass Intl Inc.