

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 25 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P01000087773

1. Corporation Name

BUSINESS GROUP COMPUTERS, INC.

Principal Place of Business

3884 PROGRESS AVE., #4  
NAPLES FL 34104

Mailing Address

3884 PROGRESS AVE., #4  
NAPLES FL 34104

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

09/04/2001

5. FEI Number

65-1145795

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
D	WILLIAMS, BRIAN	3884 PROGRESS AVE., #4	NAPLES FL 34104
D	WILLIAMS, FREDERICK	298 MORGAN RD.	NAPLES FL 34114
D	WILLIAMS, GINNY L	3884 PROGRESS AVE., #4	NAPLES FL 34104

8. Name and Address of Current Registered Agent

WILLIAMS, GINNY L  
3884 PROGRESS AVE., #4  
NAPLES FL 34104

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

*GINNY L WILLIAMS*  
REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

*GINNY L WILLIAMS*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/02

Daytime Phone #

239-435-1737

CR2E040 (8/02)



**B G Computers, INC**  
**Business Group Computers, Inc**  
3884 Progress Ave. #4 Naples, FL 34104  
(239)435-1737 Fax (239)435-1698

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November 18<sup>th</sup>, 2002

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed, please review the copies of our Annual UBR filed on April 27<sup>th</sup>, of this year, as well as our canceled check dated the same date. This form was returned for the lack of FEI number and re-mailed immediately, but in speaking to your representative he claims the second mailing was never received. I have no proof other than my word that this form was mailed, therefore as per your representative's instructions, I have filled out the Application for Reinstatement and am submitting it along with the other enclosed items. I hope this rectifies this matter.

Sincerely,

  
Ginny L. Williams, Treasurer