

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 17 PM 3:07

DOCUMENT # 001000087778

1. Corporation Name

FIRST AID COMPUTING

2. Principal Office Address

12286 SW 10TH STREET

3. Mailing Office Address

12286 SW 10TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33184-2410

Country

USA

Zip

33184-2410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2001

5. FEI Number

65-1138819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

NORBERTO ALONSO

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

12286 SW 10 STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33184-2410

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

Norberto Alonso

Date 04/09/2003

REGISTERED AGENT MUST SIGN

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
P	NORBERTO ALONSO	12286 SW 10 STREET	MIAMI, FLORIDA 33184-2410

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:

Norberto Alonso

04/09/2003

305.220.7675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)