

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hand  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000021756

1. Corporation Name

BORN2COMPUTE, INC.

Principal Place of Business

Mailing Address

18149 S.W. 148 AVENUE ROAD  
MIAMI FL 33187-1882

18149 S.W. 148 AVENUE ROAD  
MIAMI FL 33187-1882

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2002

5. FEI Number

030399455

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
D	SEPULVEDA, VICTOR J	18149 S.W. 148 AVENUE ROAD	MIAMI FL 33187

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEPULVEDA, VICTOR J  
18149 S.W. 148 AVENUE ROAD  
MIAMI FL 33187-1882

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

01-17-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR J. SEPULVEDA 01-17-04

CR2E040 (7/03)

Victor Sepulveda  
President/Owner  
Born2Compute, Inc.  
18149 SW 148 Ave Rd  
Miami, FL 33187-1882

January 17, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

REF: BORN2COMPUTE, INC  
DOCUMENT# P02000021756

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Dear Sir/Madam:

Please be advised that the above mentioned corporation annual report was never received for timely submission. Therefore, we are requesting that the delinquent fees are waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$150.00.

Your assistance and collaboration will be greatly appreciated.

Sincerely,



Victor Sepulveda  
President/Owner

Enclosure(s)

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