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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 11:36

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000083429

1. Corporation Name

COMPUTERICO, INC.

2. Principal Office Address

18590 N.W. 67th Avenue

Suite, Apt. #, etc.

203

City &amp; State

MIAMI LAKES FLORIDA

Zip

33015

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

DAVID MAYER

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

13366 NW 16 St.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date

3/30/28

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARVIN DALEY	18590 N.W. 67th Ave #203	MIAMI LAKES, FL 33015

500058200685  
08/03/05--01050--025 \*\*450.00

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:

Marvin Daley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.25.2005

Date

305 231-2832

Daytime Phone #

CR2E01 (01/05)

2 of 2

July 18, 2005

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

To Whom It May Concern:

Attention: Gary Blankenbaker.

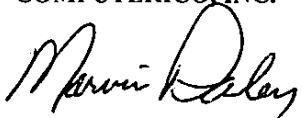
Re: Document #P02000083429

As per your conversation with our office manager/secretary, we are enclosing our check for Four Hundred and Fifty Dollars (\$450.00) and the reinstatement application for **COMPUTERICO, INC.** 18590 N.W. 67<sup>TH</sup> Avenue, Suite 203, Miami Lakes, Florida 33015.

We are sorry for the delay in reinstating this corporation. This resulted because we relocated and did not receive the form /card in a timely manner. It would also be appreciated if all other fees could be waived.

Sincerely,

**COMPUTERICO, INC.**



Marvin Daley,  
President.

MD/mm

Enclosures: 1. Check  
2. Reinstatement Application