

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085745

1. Corporation Name

Business & Corporate Computer services Inc.

2. Principal Office Address

104 Carmel Beach Crt.

Suite, Apt. #, etc.

City & State

Tampa FL 33609

Zip

33609

Country

US

3. Mailing Office Address

104 Carmel Beach Crt.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33609

Country

US

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5/03

5. FEI Number

16-1620909

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

Demetrius Dickinson

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

104 Carmel Beach Crt.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-19-05

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.	Demetrius Dickinson	104 Carmel Beach Crt.	Tampa FL 33609

300047510353
03/01/05--01056--013 **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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-05

Daytime Phone #

(813) 298-3594

CR2E081 (01/04)

2 of 2

To:

Department of state
Corporations Division

2-19-05

This letter is to inform you of our
Not receiving our notices of yearly filing
because of an early move in our Business
The offices were change this cause our
company not to receive our yearly filing
notices that were returned to you.

We ask that you waive the \$600 reinstatement
fee, and accept our check of \$450
and reinstatement form. We ask that
this be done by Week 23rd because we
will be receiving money to help our
business grow.

Thanks.



Demetrius Dickinson
Resident

(813)-298-3594