

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

06 NOV 27 PM 2:52

DOCUMENT # P03000014023

1. Corporation Name

ENCORE COMPUTER CORPORATION

REINSTATEMENT 05-06

2. Principal Office Address

105 EAST DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

Zip

32904

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 5, 2003

5. FEI Number

510321481

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

RICK WILKINSON

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

105 EAST DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32904

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

Rick Wilkinson

Date 11/17/2006

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
TD	RICK WILKINSON	105 EAST DRIVE	MELBOURNE FL 32904
PD	HAROLD D. BECK	105 EAST DRIVE	MELBOURNE FL 32904
D	CONSTANCE A. BECK	105 EAST DRIVE	MELBOURNE FL 32904
D	KEVIN J. BECK	105 EAST DRIVE	MELBOURNE FL 32904
D	KEITH A. BECK	105 EAST DRIVE	MELBOURNE FL 32904
600082086336 11/27/06--01057--015 **900.00			

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 contained in Chapter 119, 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:

Rick Wilkinson

11/17/2006 321-727-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #