

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

PAGE 1 of 2

<b>DOCUMENT # P04000013540</b> 1. Entity Name <b>PARK COMPUTERS, INC.</b>					
Principal Place of Business <b>6196 PARK BLVD PINELLAS PARK, FL 33781</b>			Mailing Address <b>6196 PARK BLVD PINELLAS PARK, FL 33781</b>		
2. Principal Place of Business <b>8021 92nd St. N.</b>		3. Mailing Address <b>8021 92nd St. N.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Seminole, FL</b>		City & State <b>Seminole, FL</b>		4. FEI Number <b>59-3667473</b>	
Zip <b>33777</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEHRENS, TRACEY 6196 PARK BLVD PINELLAS PARK, FL 33781</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8021 92nd St. N.</b> City <b>Seminole</b> <b>FL</b> Zip Code <b>33777</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Tracey Behrens</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BEHRENS, TRACEY 6196 PARK BLVD PINELLAS PARK, FL 33781</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Behrens, Tracey 8021 92nd ST N Seminole, FL 33777</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500067437315 03/09/06--01014--020 ***300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Tracey Behrens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/21/06</u> Daytime Phone #: <u>813-570-0084</u>		

FILED  
06 MAR -1 PM 1:03  
TALLAHASSEE, FLA



01272006 REIN-P CR2E098 (11/05)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8021 92nd St. N.**  
 City  
**Seminole** **FL** Zip Code  
**33777**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Tracey Behrens*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete <b>BEHRENS, TRACEY 6196 PARK BLVD PINELLAS PARK, FL 33781</b>	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Behrens, Tracey 8021 92nd ST N Seminole, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500067437315 03/09/06--01014--020 ***300.00</b>
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SIGNATURE: *Tracey Behrens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2/21/06 Daytime Phone #: 813-570-0084

page 2 of 2

**John T. Weaver, CPA, PA**  
**Certified Public Accountant**  
**3601 Swann Ave., Suite 207**  
**Tampa, FL 33609**  
**Telephone: 813-870-0084\*\*\*Fax: 813-350-0288**

February 23, 2006

Tyrone Scott, Document Specialist  
Florida Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

RE: 2005 & 2006 Reinstatement Form  
Park Computers, Inc.  
Document number: P04000013540

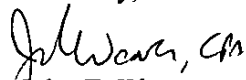
Dear Tyrone:

I have been asked by the Shareholder of Park Computers, Inc to get their Corporation reinstated and back into good standings with the Secretary of State. The Shareholder states that he never received any form or notice of the annual report being due. This was the first time he had to pay the annual fee and was not aware of it. I have enclosed a check # 2940 for \$ 300.00 to pay for 2005 and 2006. The will take steps so that this does not happen again in the future.

Please accept the check for \$ 300.00 to reinstate based on the fact that they never received any notices to renew.

Thank you in advance for your assistance in getting the corporation back in good standings.

Sincerely,



John T. Weaver  
Certified Public Accountant