2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED				
DOCUMENT # P04000076683						DIVISIO	RETARY OF PURPO	KAHU	NS	
Entity Name COMPUTER TROUBLESHOOTERS 0512 INC.						INSTAGE	E 29 PM	կ։ <u>լ</u> կ(05	
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Principal Place of Business 17066 NW 15TH STREET PEMBROKE PINES, FL 33028		Mailing Address 17066 NW 15TH STREET PEMBROKE PINES, FL 33028								
2 Principal P	lace of Business	3. Mailing Address								
<u> </u>						OF THE BOUNDING NEWSTREET STATES.		. B B B B B B B B B	ILEBI BI IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			121920	5 REIN-P	CR2E098	3 (6/04)		
City & State		City & State			4. FEI Nu	mber - 1/592	59		plied For	
Zip	Country	Zip Coun		try			\$8	.75 Add	litional	
6. Name and Address of Current		egistered Agent			7. Name and Address of New Registered Agent					
JENKINS, TIVA							_			
					Address (P.O. Box Number is Not Acceptable)					
				City	City FL Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00							e with s. 607.19 id not receive th			
10.	OFFICERS AND I		11.	·		NS/CHANGES TO O				
TITLE NAME	PRES JENKINS, TIVA	Delete	TITLE		Pres David	Huben	مو	Change	Addition	
STREET ADDRESS	17066 NW 15TH STREET			ET ADDRESS	17066 NU	115+4 St.	C1 3			
CITY-SI-ZIP	PEMBROKE PINES, FL 33028 VP	☐ Delete	TITLE	-ST-ZIP	Pembrol	ic Pines	, F/ 3.	3 <i>04 (</i> 1 Change	Addition	
NAME	HUBER, DAVID	Osisie	NAM	E		200063	24687	82		
STREET ADDRESS CITY-ST-ZIP	17066 NW 15TH STREET PEMBROKE PINES, FL 33028			ET ADDRESS -ST-ZIP	12.	200062 /29/05010	19007	**150	0.00	
TITLE	SEC	Delete	TITU		SCC		6	Change	Addition	
name Street address	JENKINS, TIVA 17066 NW 15TH STREET		NAM STRE	ET ADDRESS	David H	ber				
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			-ST-ZIP						
TITLE NAME	TREA JENKINS, TIVA	1 Delete	TITLI NAM		Trea	U her	<u>-</u>	- Change	Addition	
STREET ADDRESS	17066 NW 15TH STREET		•	ET ADDRESS	Davio	17094				
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STREET ADDRESS CITY+ST+ZIP				ET ADDRESS -ST-ZIP					ĺ	
TITLE		Delete	TITL	-				Change	Addition	
NAME			NAM	E Et address						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
12. I hereby of	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the exe	mption state ture shall ha	d in Section 119.07	(3)(i), Florida Statute	s. I further certify ar oath; that I am a	that the in	formation or director	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 12/23/05 954-3/9-487										

NO 12120