

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000151410

1. Corporation Name

COMPU ACCOUNTING AND TAX SERVICE INC

2. Principal Office Address - No P.O. Box #

221 EAST 9TH STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

USA

3. Mailing Office Address

221 EAST 9TH STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

USA

7. Name and Address of Current Registered Agent

Name

JOHN D CALVO

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

221 EAST 9TH STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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 12/1/08

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/D	JOHN D CALVO	221 EAST 9TH STREET	HIALEAH, FL 33010
S/T	ISABEL CALVO	221 EAST 9TH STREET	HIALEAH, FL 33010

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/2008

Date

305-884-0009

Daytime Phone #

08 DEC -3 AM 8:23

FLORIDA DEPARTMENT OF STATE
HALL ASSEE, FLORIDA

700138415267
12/03/08--01041--009 **300.00

REINSTATEMENT

07-08

4. Date Incorporated or Qualified
To Do Business in Florida 11/04/2004

5. FEI Number
20-1852489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.