

FILING CANCELLED

RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000043261

1. Corporation Name

COMPUTER STORE SUPERMARKET, INC.

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

17850 S. Dixie Hwy

Suite, Apt. #, etc.

City &amp; State

Miami, FL

Zip

33157

Country

USA

3. Mailing Office Address

17850 S. Dixie Hwy

Suite, Apt. #, etc.

City &amp; State

Miami, FL

Zip

33157

Country

## 7. Name and Address of Current Registered Agent

Name

Heriberto Reyes

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

5201 Blue Lagoon Drive

Suite, Apt. #, Etc.

8th Floor

City

Miami

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date 12-02-2010

## 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	Gonzalez, Angel	4905 SW 74 Ct	Miami, FL 33155
VP	Cobo, Rebeca	4905 SW 74 Ct	Miami, FL 33155
T	Laurenti, Rafael	4905 SW 74 Ct	Miami, FL 33155
S	Salazar, Emilio	4905 SW 74 Ct	Miami, FL 33155

10. E-mail Address: attorneysescrow@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-02-2010 305 629 3100

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC 10 AM 11:42

REINSTATEMENT 06-10

000188578700  
12/10/10--01031--003 \*\*1350.00

06-10 CR2E081 (11/09) x 12/12

4. Date Incorporated or Qualified  
To Do Business in Florida 03/22/2005

5. FEI Number

☒ 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.