

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 DEC 31 PM 12:44

DOCUMENT # P05000075178

1. Corporation Name

Intelligent Computers, INC

500113583925

01/03/08--01003--005 **150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
4829 NW 183 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

City & State

Zip
33055

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2005

5. FEL Number

20-2887708

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

HECTOR MANZANO

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

859 E 41 ST

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33013

☒ 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.

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

500113583925

01/03/08--01003--006 **250.00

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 | HECTOR MANZANO | 859 E 41 ST | HIALEAH FL 33013 |
| VP | JOSE A | 859 E 41 ST | HIALEAH FL 33013 |
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REINSTATEMENT

06-07/12/08

500113583925

01/03/08--01003--007 **500.00

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:

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

12/03/07 788-3184748

Date

Daytime Phone #