PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 18 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000142732

JM 12-20-07

1. Corporation Name

EZ COMPUTER SERVICES INC.

REINSTATEMENT 06-07

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

2711 SW 64th AVE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip
33023

Country
BROWARD

3. Mailing Office Address

2711 SW 64th AVE

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip
33023

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida 10/19/05

5. FEI Number
02-0756012

| 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

CLIFFORD DESSABLES

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

2711 SW 64th AVe

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33023

☒ 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 12-14-07

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	CLIFFORD DESSABLES	2711 SW 64th AVE	MIRAMAR FL 33023
VP	MARIE MICHEL	2711 SW 64 AVe	MIRAMAR FL 33023
			4001132176634 12/18/07--01011--009 **300.00

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. 305-879-1635

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-07
Date

Daytime Phone #

954-465-3981