

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000038973

**FILED**  
**Nov 19, 2010**  
**Secretary of State**

**Entity Name:** COMPUTER MEDIC ON CALL INC.

**Current Principal Place of Business:**

5471 NORTH DIXIE HIGHWAY  
SUITE 8  
BOCA RATON, FL 33487

**New Principal Place of Business:**

301 YAMATO ROAD  
SUITE #1240  
BOCA RATON, FL 33431

**Current Mailing Address:**

20114 N KEY DR  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 20-5787432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANN, LAWRENCE E  
20114 NORTH KEY DRIVE  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LAWRENCE MANN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MANN, LAWRENCE E  
Address: 20114 NORTH KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE MANN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/19/2010

\_\_\_\_\_  
Date