


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000157768 1. Entity Name COMPUTERS & SERVICE, INC.	
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FILED  
08 APR -3 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2007 N 25TH AVE STE 1 HOLLYWOOD, FL 33020	Mailing Address 2007 N 25TH AVE STE 1 HOLLYWOOD, FL 33020
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2. Principal Place of Business - No P.O. Box # 1597 SW 116 Ave Suite, Apt. #, etc.	3. Mailing Address 1597 SW 116 Ave Suite, Apt. #, etc.
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City & State Pembroke Pines, FL Zip 33025 Country USA	City & State Pembroke Pines, FL Zip 33025 Country USA
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REINSTATEMENT 07-08  
DUE 2008-07-08

4. FEI Number 14-1989669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELSHWHY, ATEF 2007 N 25TH AVE STE 1 HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name ELSHWHY, ATEF Street Address (P.O. Box Number is Not Acceptable) 1597 SW 116 AVE City Pembroke Pines FL Zip Code 33025
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ELSHWHY, ATEF 2007 N 25TH AVE STE 1 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ELSHWHY, ATEF 1597 SW 116 AVE Pembroke Pines, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600122072416 04/03/08--01044--006 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ D 03-31-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #