

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31862

1. Corporation Name

COMPUCOVER, INC.

2. Principal Office Address

2104 LEWIS TURNER BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

2104 LEWIS TURNER BLVD

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

Zip

32547

Country

USA

City & State

FORT WALTON BEACH, FL

Zip

32547

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-01-1990

5. FEI Number

59-2999121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

ROBER HELMS

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

2104 LEWIS TURNER BLVD.

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State
FL

Zip Code
32547

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

Robert Helms
REGISTERED AGENT MUST SIGN

Date 02/26/2003

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/T/S | ROBERT HELMS | 2104 LEWIS TURNER BLVD | FORT WALTON BEACH, FL 32547 |
| D | ROBERT HELMS | 2104 LEWIS TURNER BLVD | FORT WALTON BEACH, FL 32547 |
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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 under section 119.07(3)(l), 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:

Robert Helms

ROBERT HELMS, PRES.

02/26/2003

850-862-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

25 314