H98000005694 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1998 MAR 24 PM 3:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000002141

1. Corporation Name

COMPUTER SERVICES DEPOT, INC.

Principal Place of Business	Mailing Address
8518 S.W. 8th St.. Suite 116 Miami, FL 33144	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/10/1994

5. FEI Number: 65-0458692 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional for required Certified Copy or Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	George Costa	1714 SW 100 Ave.	Miami, FL 3.
VP	Miguel A Arcas	833 West Ave # 201	Miami Beach, FL
T	Norma Costa	1714 SW 100 Ave.	Miami, FL
S	Carmen A Martinez	833 West Ave Apt. 201	Miami Beach, FL

REINSTATEMENT '96-'98

SCC 3.24.98

8. Name and Address of Current Registered Agent

Fas-t Corp Agents Inc.
8405 NW 53rd St., Suite C-100
Miami, FL 33166

9. Name and Address of New Registered Agent

Name: George Costa

Street Address (P.O. Box Number is Not Acceptable): 8518 SW 8th St., Suite 116

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33144

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: George Costa — Date: 3/20/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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)(i), 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: George Costa — Date — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prepared by: George Costa 8518 SW 8th St., Suite 116 Miami, FL 33144
H98000005694 (305) 228-3710

#P94000002141

(2)

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3/24/98 FLORIDA DIVISION OF CORPORATIONS 1:59 PM
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(((H98000005694 8)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: COMPUTER SERVICES DEPOT, INC.
AUDIT NUMBER.....H98000005694
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
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