

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 5:50

DOCUMENT # **P94000020282**

1. Corporation Name

COMPUTER REPAIR SOLUTIONS INC.

REINSTATEMENT 98-01

2. Principal Office Address

3. Mailing Office Address

14100 US HWY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33764

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/94

5. FEI Number

53-3234247

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

PETER NAIMO

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

1316 ALASKA AVENUE

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

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

4-27-01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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 PETER NAIMO

1316 Alaska Ave.

Palm Harbor, FL 34683

8/5/02

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)(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:

PETER NAIMO, President 4-27-01 727-539-6307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #