

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 5:34

DOCUMENT # P94000044394

1. Corporation Name

COMPUTERMAX WAREHOUSE, INC.

Principal Place of Business

Mailing Address

398 EAST HWY. 436  
CASSELBERRY FL 32707

398 EAST HWY. 436  
CASSELBERRY FL 32707

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3234850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a 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 3	City / State / Zip 4
P	RAMKHELAWAN, LIDIA V	398 EAST HWY. 436	CASSELBERRY FL 32707
VTS	RAMKHELAWAN, RAJENDRA	398 EAST HWY. 436	CASSELBERRY FL

500003459645--7  
-11/09/00--01104--011  
\*\*\*\*558.75 \*\*\*\*558.75

Druln

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMKHELAWAN, RAJENDRA  
398 EAST HWY 436  
SUITE 100  
CASSELBERRY FL 32707

Name

Ramkhelawan, Rajendra

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

6801 S. HWY 1792

Suite, Apt. #, Etc.

City

Fern Park

State

FL

Zip Code

32730

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/18/00

11. 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.

407-834-7000

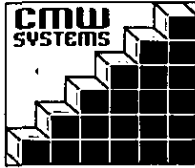
SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00

Daytime Phone #



# ComputerMAX<sup>SM</sup> Warehouse Inc.

October 18, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: ComputerMAX Warehouse, Inc - P94000044394

Dear Sir/Madam:

Upon receiving a notice of Administrative Dissolution for the company of reference, we contacted the Florida Department of State. Your representative informed us that the check originally submitted with our Florida Uniform Business Report had been returned to us for lack of signature.

Unfortunately, as of this date, we have not received the check in the mail, therefore, we did not become aware of the critical situation until we received your notice of dissolution. We have proceeded immediately to issue a new check number 38834 for \$558.75 to replace the original in compliance with your requirements.

Please proceed to re-instate our company as a juridiment organization in the state of Florida. If you need further information; please, do not hesitate to call me at (407) 834-7000.

Sincerely,

  
Reggie Ram  
Vice-President - Finance