

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063196

1. Corporation Name

Compupress Information Corp.

2. Principal Office Address

11244 NW 54 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33158

Country

USA

3. Mailing Office Address

11244 NW 54 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33158

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-26-94

5. FEI Number

65-0514400

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

Jose R. Flosi

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

11244 NW 54 Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33158

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-16-03

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, VP, S	Ricardo Jose Flosi	11244 NW 54 Terrace	Miami, FL 33158

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:

[Signature]

Jose R. Flosi 1/16/03 305-470-7504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**COMPUPRESS INFORMATICA CORP
11244 NW 54TH TERRACE
MIAMI, FL 33158**

January 20, 2003

**Florida Department of State
Division of Corporations
Tallahassee, FL 32399**

**Ref: COMPUPRESS INFORMATICA, CORP.
Doc.#P94000063196**

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during the year 2002. There was a change of address since the end of the year 2001 and the reports were never sent to the correct address. We have enclosed a reinstatement with the fees due for 2002 and 2003. We ask that you please waive the penalty because the reports were never received. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,


Ricardo Flosi