

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 26 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087170**

1 Corporation Name

COMPUTER ROOM OF MIAMI INC.

Principal Place of Business

Mailing Address

7989 N.W. 56TH STREET
MIAMI FL 33166

7989 N.W. 56TH STREET
MIAMI FL 33166



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

2. New Principal Office Address, If Applicable 7360 W. 20th AVE,		3. New Mailing Office Address, If Applicable 7360 W 20th AVE		4. Date Incorporated or Qualified To Do Business in Florida 12/01/1994	
Suite, Apt. #, etc. #122		Suite, Apt. #, etc. #122		5. FEI Number 65-0543352	
City & State MIAMI, FL		City & State MIAMI, FL		Applied For Not Applicable	
Zip 33016	Country USA	Zip 33016	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ESCALONA, ROBERT	5515 S.W. 4TH ST.	MIAMI FL 33134
SD	BAINI, MAURO	8835 N.W. 8TH ST. #315	MIAMI FL 33128
			000002046410--3
			-01/06/97--01017--022
			***375.00 ***375.00
REINSTATEMENT 1996			
<i>A. Alan</i>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESCALONA, ROBERT
5515 S.W. 4TH STREET
MIAMI FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert Escalona
REGISTERED AGENT MUST SIGN

Date **12-20-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robert Escalona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #