

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000000186

1. Corporation Name

AQM COMPUTER SALES AND SERVICE INC

2. Principal Office Address

6701 BEACH BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

3. Mailing Office Address

PO Box 16876

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32245

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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***1058.75 ***1058.75

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/93

5. FEI Number

59-328464

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

Gene Morris

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

6701 Beach Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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]

Date

2/21/01

REGISTERED AGENT MUST SIGN

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

Pres.

GENE MORRIS

9145 MACARTHUR CT S

JACKSONVILLE FL 32246

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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE MORRIS

Date

2/21/01

Daytime Phone #

904 568-0381

CR2E081 (9/99)