

PAS 12/2/08 CLK# 3153

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 DEC -5 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200138510332  
12/05/08--01020--012 \*\*1050.00

CR2E081 (10/08)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000186

1. Corporation Name

PEM COMPUTER SALES AND SERVICE INC

2. Principal Office Address - No P.O. Box #

6701 Beach Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 16876

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville

Zip

32216

Country

USA

Zip

32245

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1993

5. FEI Number

59-3284041

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

12/1/08

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	Gene Morris	9745 MacArthur Court South	Jacksonville FL 32246

REINSTATEMENT  
02-08

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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/08

Date

904 725 1444

Daytime Phone #