

FILED

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		00 DEC 5 PM 4:53	
Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT # P95000001455 THE COMPUTER RESCUE, INC. 11223 S.W. 88th St., #C115 Miami FL 33176		2. If Address in Block 1 is incorrect in any way, enter the correct address below. The name of the corporation can be changed only by filing an amendment.			
REINSTATEMENT 99-00		Address 120 Beacon Blvd.,			
		Address			
		City and State Miami FL 33176			
		Zip Code			
3. Date incorporated or qualified to do business in Florida 01/06/1995		4. FEI Number 65-0543919		5. FEI Number Applied For FEI Number Not Applicable	
6. Name and Street Address of Each Officer and/or Director					
1	2	3	4	5	6
Y	N	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	City and State	
P		RUBEN CORTEQUERA	15304 SW 169th Lane	Miami FL 33187	
SEC		LEONOR GONZALEZ	15304 SW 169th Lane	Miami FL 33187	
REGISTERED AGENT INFORMATION			8. Name and Address of New Registered Agent and/or Office		
7. Name and Address of Current Registered Agent JUAN C. CARRERA 11223 S.W. 88th St. #C115 Miami FL 33176			Name RUBEN CORTEQUERA Street Address (Do NOT Use P.O. Box Number) 15304 S.W. 169th Lane Street Address (Do NOT Use P.O. Box Number)		
			City and State Miami FL 33187		
9. 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 <i>Ruben Cortesquera</i> Date November 29, 2000					
10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)					
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 of the corporation or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this application, I have paid the fee for reinstatement, the corporation has been reinstated, the corporation has satisfied the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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 of Officer or Director <i>Ruben Cortesquera</i> Date Nov. 29, 2000 Daytime Phone #					
Typed or printed name of signing officer or director:					

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

THE COMPUTER RESCUE, INC.

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