

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

98 OCT -9 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017182

1. Corporation Name **COMPUTER SALES UNLIMITED, CORP.**  
**3399 N.W. 72 Avenue**  
**Suite # 106**  
**MIAMI, FL. 33122**

Principal Place of Business Mailing Address  
**3399 N.W. 72 Ave. Suite #106**  
**Miami, Fl. 33122**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>03/02/95</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65 0565890</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, S/T	ENRIQUE F. FRANCO	2501 S.W. 117 Ct.	Miami, Fl. 33175
			100002663401--3 -10/14/98--01037--018 ****400.00 ****400.00
			100002663401--3 -10/14/98--01037--017 ****500.00 ****500.00

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8. Name and Address of Current Registered Agent

**Oswaldo R. Orozco**  
**1378 Coral Wal , 4th Floor**  
**Miami, Fl. 33145**

9. Name and Address of New Registered Agent

Name **Yolanda Jaramillo**  
Street Address (P.O. Box Number is Not Acceptable)  
**12360 S.W. 132 Ct. suite # 210**  
Suite, Apt. #, Etc.  
City **Miami,** State **FL** Zip Code **33186**

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10/5/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/96  
Date

305 591 2135  
Daytime Phone #

CP2EDM017.98