

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P95000023190

1. Corporation Name

COMPUTER EXPERTS, INC.

Principal Place of Business

7800 CAMINO REAL UNIT H211  
MIAMI FL 33143

Mailing Address

7800 CAMINO REAL UNIT H211  
MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

9317 SW 130 ST

3. New Mailing Office Address, If Applicable

9317 SW 130 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33176

Country

U.S.

Zip

33176

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1995

5. FEI Number

65-0567194

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	KOEHLER, CHRISTIAN	7800 CAMINO REAL UNIT H211 9317 SW 130 ST	MIAMI FL 33143 MIAMI FL 33176
VSD	KOEHLER, KARLA	7800 CAMINO REAL UNIT H211 9317 SW 130 ST	MIAMI FL 33143 MIAMI FL 33176

700002171687-6  
-05/08/97--0111--016  
\*\*\*\*315.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

KOEHLER, CHRISTIAN  
7800 CAMINO REAL UNIT H211  
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

9317 SW 130 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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 4/13/97

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:

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

(PRESIDENT)

4-12-97(305) 254-2681

Date

Daytime Phone #

CR2040 (7/96)