

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 # **P95000074291**

1. Corporation Name

MASTER COMPUTERS, INC.

Principal Place of Business

**9101 NW 114 STREET
HIALEAH GARDENS FL 33016**

Mailing Address

**9101 NW 114 STREET
HIALEAH GARDENS FL 33016**

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

2. New Principal Office Address, If Applicable

2457 Collins Ave

Suite, Apt. #, etc.

505

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. New Mailing Office Address, If Applicable

2457 Collins Ave

Suite, Apt. #, etc.

505

City & State

Miami Beach, FL

Zip

33140

Country

USA

FILED
96 SEP 30 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1995

5. FEI Number

65-0616729

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MENDOZA, LUIS	9101 NW 114 STREET	HIALEAH GARDENS FL 33016
V	DOMINGUEZ, JAIME	2457 COLLINS AVE #505	MIAMI BEACH FL 33140
S	MENDOZA, MARIBEL	9101 NW 114 STREET	HIALEAH GARDENS FL 33016
T	MENDOZA, LUIS A	9101 NW 114 STREET	HIALEAH GARDENS FL 33016

*filed as A/R
Reinstatement for was
wanted MWB
10-15-96*

8. Name and Address of Current Registered Agent

**MENDOZA, LUIS
9101 NW 114 STREET
HIALEAH GARDENS FL 33016**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

780001976967--1

-10/16/96--01059--003

******225.00 ****225.00**

FL

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 of Luis Mendoza]

REGISTERED AGENT MUST SIGN

Date

09-25-96

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 of Luis Mendoza]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Mendoza

Date

09-25-96

Daytime Phone #

(305) 266-2296