

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 DEC 17 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085403

1. Corporation Name

COMPUCLON INC.

Principal Place of Business

Mailing Address

7236 N.W. 31 Street
Miami, Fl. 33122.

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

Miami, Fl.

City & State

65-0618023

Not Applicable

Zip

33122

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Martin A. Cardona	11460 S.W. 80th Terr	Miami, Fl. 33173

200002724222--9
-12/29/98--01008--004
****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Martin A. Cardona
11460 S.W. 80th Terr, Miami, Fl.
33173.

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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:

Martin A. Cardona

Martin A. Cardona

12/15/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)

1 -

pg 2

Compucolon Inc.
7236 N.W 31 Street
Miami , FL 33122

December 15, 1998

Department of State
Division of Corporation
Tallahassee, Florida

Ref: Corporation # P95000085403 Annual Report.

Enclosed herein , please find a check for the amount of US 175.00 as a reinstatement fee for the corporation described under the referenced number.

The fee is in accord with the approval given to me by a division representative over the phone on December 14,1998.

As per this phone conversation, the late fee of US. 550.00 was to be waived due to the fact that the form for filing was never received by our office.

We are now very aware of the fact that this filing must be completed each year on or before May 1st.

rest assured that all measures will be taken to file on time each and every year.

We wish to thank you kindly for the waiving of the late fees and we take this opportunity to wish you the very best in the coming holidays.

Yours truly:


Martin A. Cardona.

President

dae /MAC