| | PLEASE READ | ALL INST | FRUCTIONS | S BEFORE (| OMPLET | ING THIS FORM | L 7 |
|--|--|-------------------------------------|--|--|--------------------------------------|---|--|
| REIN | BAR | FLORID | | NT OF STATE rtham State | | FILED -4 PM 3:54 | · /ct c |
| DOCUMENT # P95000087205 1. Corporation Name | | | | | | TARY OF STATE ASSEE, FLORIDA | |
| PLAZA | COMPUTER SALES & | SERVICE | , INC. | | 17.3 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Principal Place of Business Mailing Add 13191 56TH COURT 13272 56TH SUITE 107 LARGO T. | | | ST_NORTH | , 4 | | | |
| CLEARWAT US | TER FL 34620 addresses are incorrect in any way, line the | July of | correction below, | | !! | III IDDIE ILDIE DUIDI DIII 1631 | |
| | rincipal Office Address, If Applicable | | ing Office Address, I | | <u> </u> | | 1/13/1995 |
| City & State City & St. | | | 46/1+C | FV. | 5. FEI Number | 59-3348309 | Applied For Not Applicable 75 Additional Fee requires |
| Zip • 7. Names | and Street Addresses of Each Officer and | 2376 d d/or Director (Flo | | | ast 3 directors) | E OF STATUS DESIRED | for a Certificate of Status |
| T벦e(s) 1 | Name of Officers and/or Directors | SI O 3 (Do NOT U | reet Address of Each fficer and/or Director se Post Office Box N | h r lumbers) | City / St | tate / Zip | |
| D | MIKELONIS, JOHN L | 13191 56TH CT | ., #107 | CLEARWATER FL | | | |
| D · * | GOLD GIA | 13191 58TH CT., #107 GLEARWATER FL | | | | | |
| | | | | | | . | |
| | | | | | 101 | 00002707 -12/03/981 ****158.75 | 01098012 |
| | 8. Name and Address of Current | t Registered Age | ent | | 9. Name and A | Address of New Registered | |
| | S, ROBERT J | | · · · · · · | Name Richard P. Catur Street Address (P.O. Box Number is Not Acceptable) 7843 Seminal Blvd | | | |
| 6500 CENTRAL AVE ST PETERSBURG FL 33707 | | | | Suite, Apt. #, Etc. | | | |
| | g appointed the registered agent of the ab | ove named corpo | oration, am familiar v | ith and accept the o | bligations of Section | P FL ion 607.0505, F.S. | 2ip Code 33772 |
| Signature of Registered | AgentF | | SENT MUST SIGN | HRED | | Date 12/1 | 198 1 |
| | nis corporation owes or hangible Personal Proper | | | Yes 🗆 | No 🗆 | | for information figible tax.) |
| this rein | y that I am an officer or director or the recenstatement application, the reason for dissipy the corporation have been paid and the application is true and accurate, and my same application. | olution has been names of individ | eliminated, the corp uals listed on this fo | orate name satisfies | the requirements an exemption und | of section 607.0401 or 617.04 | 401, F.S., that all fees |
| SIGNA | TURE: GNATURY AND AYPED OR P | RINTED NAME OF | REPPE | DIRECTOR | 11/23/ | 198 727-57 | 73-9-40 / ayume Phone # |



PLAZA COMPUTER

SALES & SERVICE, INC.

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

On 11/25/98 I called the Division of Corporations about a Notice of Administrative Dissolution regarding Plaza Computer Sales & Service, Inc. I explained that the Notice you sent me showed the correct Principal Place of Business and that the Mailing address was incorrect. We did not receive a notice and have verbally appealed the reinstatement fee. I was told that I could pay a \$150.00 reduced fee.

Enclosed is our check for \$150.00 plus the \$8.75 to receive a Certificate of Status.

Thank you for your assistance Affinfalo.

John L. Mikelonis

President