

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -4 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000093551

1. Corporation Name
COMPUTER SERVICES FOR BUSINESS, INC.

2. Principal Office Address
670 N. Orlando Ave.

Suite, Apt. #, etc.
Suite 1003

City & State
Maitland FL

Zip
32751

Country
USA

3. Mailing Office Address
670 N. Orlando Ave.

Suite, Apt. #, etc.
Suite 1003

City & State
Maitland FL

Zip
32751

Country
USA.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **12/8/95**

5. FEI Number
59-3349735

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeffrey LaRoche

Street Address (P.O. Box Number is Not Acceptable)
40 Computer Services For Business, Inc. 670 N. Orlando Ave

Suite, Apt. #, Etc.
Suite 1003

City
Maitland

State
FL

Zip Code
32751

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent **[Signature]**

Date **2-2-2000**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Jeffrey LaRoche	1293 WELLINGTON TERRACE	MAITLAND, FL 32751
SEC	JEFFREY LAROCHE	1293 WELLINGTON TERRACE	MAITLAND FL 32751

10. 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.

Jeffrey LaRoche, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2000 407 647-2054

Date

Daytime Phone #

CR2E081 (9/99)