

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 # **P96000002589**

1. Corporation Name

COMPUTER PARTS & SURPLUS, INC.

Principal Place of Business

Mailing Address

~~6011-3 103RD STREET~~
JACKSONVILLE FL 32210

~~6011-3 103RD STREET~~
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

59-3356680

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
DPT	Potts, David B.	10810 Lippizan Drive	Jacksonville, FL 32257
VSD	Potts, Barbara A.	10810 Lippizan Drive	Jacksonville, FL 32257
			800002588648--4 -07/14/98--01072--024 ***1800.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POTTS, DAVID B

~~6011-3 103RD STREET~~
JACKSONVILLE FL 32210

Name

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

10810 Lippizan Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

David B. Potts

REGISTERED AGENT MUST SIGN

Date

6-29-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

David B. Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-98

Date

Daytime Phone #

904-268-0027

CR20040 (8/97)