

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006002

1. Corporation Name

A Plus Computer Services, Inc

**FILING CANCELLED
RETURNED CHECK**

2. Principal Office Address - No P.O. Box #

16421 NW 77 PL

3. Mailing Office Address

16421 NW 77 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Miami Lakes

Zip

33016

Country

USA

Zip

33016

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **1996**

5. FEI Number
65-0635484

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

Rudy D Jackson

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

16421 NW 77 PL

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

400217970934
01/11/12--01019--018 **1050.00

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

Rudy Jackson

REGISTERED AGENT MUST SIGN

Date **12/27/2011**

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
P	Rudy D Jackson	16421 NW 77 PL	Miami Lakes, FL 33016

10. E-mail Address: **rdjackson2@comcast.net**

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Rudy Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/2011