

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 19 PM 3:38

DOCUMENT # P96000006139

1. Corporation Name

C & A COMPUTERS, INC.

Principal Place of Business

343 ALMERIA AVENUE, SUITE 558  
CORAL GABLES FL 33134

Mailing Address

166 E. 34TH STREET, #2C  
NEW YORK NY 10016



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

2. Old Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

01/19/1996

5. FEI Number

65-0762914

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	ANTAR, SAYED	444 BRICKELL AVENUE, SUITE 51-50	MIAMI FL 33131

700003058867 0  
-12/02/99 10:52:00  
\*\*\*150.00 \*\*\*150.00

AS 10/25

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
DBA/AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

Oct. 14th 99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTAR SAYED

Date

Daytime Phone #

Oct. 14-99 212-6863957

TO.

N.Y. 10-14-99

KATHERINE HARRIS

DEAR LADY

I HAVE TO INFORM YOU THAT I DIDNT RECEIVE  
ANY INFORMATION PRIOR TO THIS ONE. I CALL  
BY PHONE AND MR. SHAWN TOLD TO WRITE A  
LETTER AND SEND \$150.00 PLS. ARRANGE  
AND SOLVE THIS PROBLEM. THANK YOU IN  
ADVANCE FOR YOUR COOPERATION.

THANK AND RGDS.

SAYED ANTAR