

pg 10+2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -6 AM 10: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96086014732**

1. Corporation Name
PC MAX, Inc.

2. Principal Office Address
10460 N.W. 29 Terrace

Suite, Apt. #, etc.
-

City & State
Miami, FL

Zip Country
33172 USA

3. Mailing Office Address
10460 NW 29 Terrace

Suite, Apt. #, etc.
-

City & State
MIAMI, FL

Zip Country
33172 USA

4. Date Incorporated or Qualified
To Do Business in Florida **3/96**

5. PER Number
65-064-5568

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
Kirkpatrick & Lockhart LLP

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd.

Suite, Apt. #, Etc.
20th FLOOR

City
Miami

~~500003178585~~
~~-03/22/00--01002--010~~
~~****300.00 ****300.00~~

State Zip Code
FL 33131

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
REGISTERED AGENT MUST SIGN

Date **2/25/00**

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	David Ting	10460 NW 29 Terrace	Miami, FL 33172

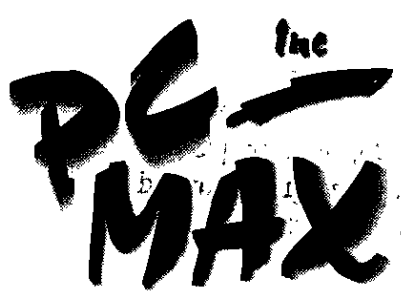
99-00AR ITS

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/25/00** Daytime Phone # **305 5999904**

CR2E081 (9/99)

fy 2 ct.



2

TO: FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPT.

FROM: PC MAX INC,
FID# 65-0645568

Miami February 24, 2000

To whom it may concern:

We are sending you this request because we think that it is unfair for us to pay a penalty for the amount of \$ 600.00, when right after we moved to our new location we had called your department for instructions on how to change our billing address. We were told to send a letter on our letterhead stating our change of address. We send the letter but we didn't follow up after to confirm that the changes were actually done. In addition, your department advised us to write this letter and see if there was any possible way that the \$600.00 fee could be waived as a one-time courtesy?

We have included a check for the amount of \$ 300.00 to cover our filling fee from last year and this current year. If you need any additional information please do not hesitate to contact my office or me.

Sincerely,

Daymara Bravo
Operation Manager