

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 APR 22 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000018123

## 1. Corporation Name

COMPUTER SERVICES RELATED, INC.

2. Principal Office Address  
2240 W 78TH STREET3. Mailing Office Address  
2240 W 78TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HIALEAH, FLORIDACity & State  
HIALEAH, FLORIDAZip  
33016

Country

Zip  
33016

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/96

5. FEI Number  
65-0644496

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  
PANAGIOTIS G RIGASStreet Address (P.O. Box Number is Not Acceptable)  
13251 SW 199TH AVENUE

Suite, Apt. #, Etc.

City  
MIAMI,State  
FLZip Code  
33196

700033539387

04/22/04--01023--011 \*\*301.00

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

Date

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
PSTD	PANAGIOTIS RIGAS	3251 SW 199TH AVENUE	MAIMI, FL 33196

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

Daytime Phone #

4-20-04 305-826-4392

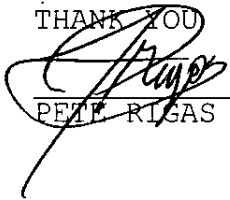
**COMPUTER SERVICES RELATED INC**  
**2240 WEST 78<sup>TH</sup> STREET**  
**HALEAH, FL 33016**  
**PH(305)826-4392 FAX (305)826-436**

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O BOX 6327  
TALLAHASSEE FL 32314  
PH #: 1(850)-245-6056

APRIL 19<sup>TH</sup>, 2004

TO WHOM IT MAY CONCERN ,I PETE RIGAS PRESIDENT OF COMPUTER SERVICES RELATED INC,MAILED OUT A CHECK FOR \$ 150.00 CHK# 1474 ON JANUARY 2003 TO THE DIVISION OF CORPORATION.I Receive YEARLY A LETTER WITH INSTRUCTION TO PAY \$150.00 TO THE DIVISION OF CORPORATION WITCH I MAILED OUT.I RECENTLY FOUND OUT FROM MY ACCOUNTING OFFICER THAT COMPUTER SERVICES RELATED WAS NOT ACTIVE. ALSO CHK # 1474 HAS NOT BEEN CASHED UP TO THIS DATE.I BELIVE THAT THIS HAS BEEN LOST IN THE MAIL.PLEASE HELP ME REINSTATE MY COMPANY WITH OUT THE PENALTY.S.I AM SENDING \$300.00 AS I WAS INSTRUCTED IN ORDER FOR THIS PROCESS TO GO FORWARD.

THANK YOU

  
PETE RIGAS

4-20-04