

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000019271**

1. Corporation Name

COMP-U-RENT, INC.

Principal Place of Business

Mailing Address

12423 62ND STREET NORTH
 #404
 LARGO FL 33773
 US

12423 62ND STREET NORTH
 #404
 LARGO FL 33773
 US



REINSTATEMENT *62*

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

4. Date Incorporated or Qualified To Do Business in Florida

03/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3379919

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	THORNTON, WILLIAM L	12423 62ND STREET NORTH #404	LARGO FL 33773

100000003781
 10/28/02--01019--005 **750.00

JR (10/31)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THORNTON, WILLIAM L
 12423 62ND STREET NORTH
 #404
 LARGO FL 33773

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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. or 617.0505, F.S.

Signature of Registered Agent

William L Thornton
SIGNATURE REQUIRED

Date

10/24/02

REGISTERED AGENT MUST SIGN

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:

William L Thornton
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02

CR2E040 (8/02)