

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 11 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000041089

1. Corporation Name COMPUTER ELECTRONIC TECHNOLOGIES, INC.

**8004 NW 154 STREET
SUITE # 316
MIAMI LAKES, FLORIDA 33016**

7000004778237--3
-01/16/02--01053--019
***1508.75 ***1508.75

97-01

**2. Principal Office Address
8004 NW 154 STREET**

3. Mailing Office Address

Suite, Apt. #, etc.
SUITE 316

Suite, Apt. #, etc.

City & State
MIAMI LAKES, FLORIDA

City & State

Zip Country
33016 U.S

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida 05/07/1996**

5. FEI Number 30-0010157 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

RONALD KOLE

Street Address (P.O. Box Number is Not Acceptable)
8004 NW 154 STREET

Suite, Apt. #, Etc.
SUITE 316

City
MIAMI LAKES

State Zip Code
FL 33016

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 *Ronald Kole*
REGISTERED AGENT MUST SIGN

Date **01/09/2002**

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
PRES	RONALD KOLE	8004 NW 154 STREET SUITE 316	MIAMI LAKES, FL 33016
V-PRE	RONALD KOLE	SAME	SAME
SECT	RONALD KOLE	SAME	SAME
TREAS	RONALD KOLE	SAME	SAME

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: *Ronald Kole*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2002

Date

Daytime Phone #

705 624 5599

CR2E081 (9/96)