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**Katherine Harris**  
Secretary of State

## DIVISION OF CORPORATIONS

1. Corporation Name

FILED  
01 DEC 11 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3256 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934

3256 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934

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

2. New Principal Office Address, If Applicable3. New Mailing Office Address, If ApplicableSuite, Apt. #, etc.Suite, Apt. #, etc.City & StateCity & StateZipCountryZipCountry4. Date Incorporated or Qualified To Do Business in Florida

10/03/1996

5. FEI Number

11-3115800

Applied ForNot 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)

600004736476--9	-12/21/01--01067--001	***150.00	***150.00
600004736476--9	-12/21/01--01067--002	***150.00	***150.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

BASHIR, IBRAHIM  
256 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934

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 \_\_\_\_\_

10-28-01

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

Date \_\_\_\_\_

Daytime Phone #

Ibrahim Bashir

12/4/01

3217529700

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**Wholesale Warehouse Computers & Electronics**  
**D/B/A DAAC COMPUTERS**  
**3256 LAKE WASHINGTON RD. MELBOURNE, FL 32934**  
**321-752-9700, FAX # 321-752-0102**

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10/28/2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALAHASSEE, FL 32314-6327

REFERENCE: DOCUMENT#P96000081653

DEAR OFFICER:

ABOUT 10 DAYS AGO, I RECEIVED A NOTICE OF ADMINISTRATIVE DISSOLUTION FOR THE ABOVE REFERENCED DOCUMENT. HOWEVER, I HAVE NOT RECEIVED ANY OTHER MAIL FROM YOU REQUESTING THE PAYMENT PRIOR TO THIS LETTER. LAST YEAR THE SAME THING HAPPENED AND I PAID \$550.00

DURING WITH MY CONVERSATION WITH AN OFFICER I WAS TOLD TO PAY THE \$150.00 FILING FEE AND INCLUDED THIS LETTER.

IN THIS LETTER, I AM INCLUDING TWO CHECKS EACH FOR \$150.00 FOR THIS YEAR AND NEXT YEAR FILING FEES SO WE WON'T HAVE THE PROBLEMS ~~SCHE~~ AGAIN.

SINCERELY;

  
I. BASHIR