

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 7:17

DOCUMENT # **P96000093103**

1. Corporation Name

COMPUTER CENTER CORP.

2. Principal Office Address

204 E. MCKENZIE ST.

Suite, Apt. #, etc.

UNIT D

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-8-96

5. FEI Number

65-0706693

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

J. SCOTT JOINER

Street Address (P.O. Box Number is Not Acceptable)

3005 CARING WAY

Suite, Apt. #, Etc.

SUITE A

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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 **11-16-2000**

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	WERNER EBNER	2750 RYAN BLVD	PUNTA GORDA FL 33950
VP	WERNER EBNER	2750 RYAN BLVD	PUNTA GORDA FL 33950
SEC	WERNER EBNER	2750 RYAN BLVD	PUNTA GORDA FL 33950
TREA	WERNER EBNER	2750 RYAN BLVD	PUNTA GORDA FL 33950

10. I certify that I am an officer or director of 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

11-16-00

Date

941-505-2100

Daytime Phone #

P96a3103 (2)



November 16, 2000

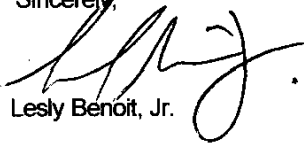
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am sending the annual fee for Florida Corporations along with this letter for the Ebner Corporation and Computer Center Corp. As per our phone call on November 16th, both companies were dissolved without us receiving any letter for renewal nor dissolution this year. As you have requested, we have changed the name of the registered agent and added our address also along with the application and the filing fee stated of \$ 150.00

Thank you for your help and please do not hesitate to contact me at your convenience.

Sincerely,



Lesly Benoit, Jr.