


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

03 SEP -8 PM 3:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P96000097303*

1. Corporation Name

Notebooks R US, INC

2. Principal Office Address

8249 NW 36th Street

3. Mailing Office Address

8249 NW 36th Street

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

Miami Florida

City & State

miami Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/96

5. FEI Number

65-0711827

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

Ismael Gonzalez

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

3031 NW 21st Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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
<i>PSTO</i>	<i>Ismael Gonzalez</i>	<i>8249 NW 36th St Suite 208</i>	<i>Miami FL 33166</i>
<i>VO</i>	<i>Maria Elena Gonzalez</i>	<i>8249 NW 36th St Suite 208</i>	<i>Miami FL 33166</i>

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:

Ismael Gonzalez

President
Ismael Gonzalez

10/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

9/9/8

**NOTEBOOKS R US, INC.
8249 NW 36TH STREET
SUITE 208
MIAMI, FLORIDA 33166**

October 25, 2002

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

Re: NOTEBOOKS R US, INC.
E.E.I.N. - 65-0711827
DOCUMENT NUMBER - P96000097303

Dear Sir or Madam:

I am the President of Notebooks R US, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. The mailing address currently listed with the state is not the correct address. I had moved my office and had many problems with the Post Office forwarding my mail to me. I am enclosing a reinstatement form to update my company along with a check in the amount of \$ 150.00 as renewal fee. Please note the proper mailing address.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,

Ismael Gonzales
President

Enclosures

NOTEBOOKS R US Inc
14232 SW 180th terrace
Miami FL 33177
New
address