

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027652

1. Corporation Name

COMPUTER PROJECTION RENTALS, INC.

2. Principal Office Address

3801 S.W. 47th Avenue

Suite, Apt. #, etc.

Suite 503

City & State

Fort Lauderdale, FL

Zip

33314

Country

USA

3. Mailing Office Address

3801 S.W. 47th Avenue

Suite, Apt. #, etc.

Suite 503

City & State

Fort Lauderdale, FL

Zip

33314

Country

USA

800004693888--4
-11/26/01--01080--019
****900.00 ****900.00

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/24/1997

5. FEI Number

650736989

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

Cyril P. Barter

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

3801 S.W. 47th Avenue

Suite, Apt. #, Etc.

Suite 503

City

Fort Lauderdale

State

FL

Zip Code

33314

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

Cyril P. Barter

REGISTERED AGENT MUST SIGN

Date October 29, 2001

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/D	Melinda Zisser Barter	3801 S.W. 47th Avenue Suite 503	Fort Lauderdale, Florida 33314
VP/D	Cyril P. Barter	3801 S.W. 47th Avenue Suite 503	Fort Lauderdale, Florida 33314

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:

Cyril P. Barter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 792-9927

Date

Daytime Phone #

CR2E081 (9/00)