PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 19 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000028647**

1. Corporation Name

**PC JOCKEY CONSULTANTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~10705 NW 33RD STREET~~<br>~~SUITE 100~~<br>~~MIAMI FL 33172~~ | ~~10705 NW 33RD STREET~~<br>~~SUITE 100~~<br>~~MIAMI FL 33172~~ |

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

**REINSTATEMENT** 99

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 13600 S.W. 178 ST. | 13600 S.W. 178 ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL. | City & State: MIAMI, FL. |
| Zip: 33177 Country: USA | Zip: 33177 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1997 SP

5. FEI Number: 65-0738371 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| D | FRANCO, ANTONIO | 7521 SW 157TH COURT | MIAMI FL 33193 |
| D | FRANCO, CARMEN | 7521 SW 157TH COURT | MIAMI FL 33193 |
| D | LOPEZ, FRANK | 13600 SW 178TH ST | MIAMI FL 33177 |
| D | LOPEZ, LORIE | 13600 SW 178TH ST | MIAMI FL 33177 |
| | | | 600003058966--1<br>-12/02/99--01059--001<br>*****750.00 *****750.00 |
| | | | |

8. Name and Address of Current Registered Agent

LOPEZ, FRANK
13600 SW 178 ST.
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (6/99)

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: REQUIRED — Date: 11-15-99
REGISTERED AGENT MUST SIGN

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: REQUIRED — 11-15-99 (305) 957-6XX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #