

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 29 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000031709**

1. Corporation Name

IN-STOCK COMPUTERS

2. Principal Office Address

10411 NW 28 St

Suite, Apt. #, etc.

C-104

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/97

5. FEI Number

65-0743729

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

Michael Ginstsky & Company, CPA, P.C.

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

169 E Flagler St #1518

Suite, Apt. #, Etc.

#1518

City

Miami

State
FL

Zip Code

33131

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

Michael Ginstsky & Co

REGISTERED AGENT MUST SIGN

Date **3-27-00**

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/VP	Samy Schwartz	10411 NW 28 St	Miami, FL 33172
Sc/Tr	Raquel Schwartz	10411 NW 28 St	Miami, FL 33172

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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:

Ginstsky for Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00 305-358-4466

Date

Daytime Phone #