

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 20 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **987000035928**

1. Corporation Name

INTERNATIONAL COMPUTER SUPPLIES, INC.

2. Principal Office Address

7923 N.W. 21st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

30122-1616

Country

U.S.A.

3. Mailing Office Address

7923 N.W. 21st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

30122-1616

Country

U.S.A.

REINSTATEMENT

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

April 21, 1997

5. FEI Number

16-1525218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Ross Sasso

Street Address (P.O. Box Number is Not Acceptable)
7923 N.W. 21st Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
30122

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

Ross Sasso

REGISTERED AGENT MUST SIGN

Date

Jan 14/2000

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
Pres.	Ross Sasso	7923 N.W. 21st Street	Miami, FL 30122-1616
Sec.	Eleanora Politi	11205 Cote de Liesse W, Stérel	1000Dorval, PQ, Canada H9P 1B1

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.

Ross Sasso, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 468-1465

Daytime Phone #