PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 2000-2001 UBR



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

FILED

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DOCUMENT # P97000040376						0176020 111 1-32
Corporation Name						SECRETARY OF STATE
COMPULUNCH, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
COMP	OLUNC	n, inc.				
Principal Pi	lace of Busine	nee	Mailing Addr	900		
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9950 EAST BAY HARBOR DRIVE 9950 EAST BAY HARBOR DRIVE						
			Suite 1 Miami Fl 33	33154		T THE PRINCE OF THE PROPERTY OF STATE O
US US						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
2. New Prir	ncipal Office	Address, If Applicable	3. New Maili	ng Office Addr	ess, If Applicable	Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida
Suite, Apt. #, etc. Suite, Apt. #,				etc.		05/02/1997
City & State City & Sta						5. FEI Number Applied For Not Applicable
						6
Zip Country		Zíp	Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprofit o		
Title(s) 1	Name of Officers and/or Directors 2			Street Address of Eac Officer and/or Directo		
Р	SCHOR, NATHAN THE PLACE NO				. TITH PLACE NORTH	SUIT MIAMI-FL 33161.
				9950	EAST BAY H	ARBOR DR. MIAMI FL. 33154
	-				SUITE 1	
						500003818215-5
						_na/na/n1n11119uud
	<u> </u>					****300.00 ****300.00
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent
Name					Name	
SCHOR, NATHAN					Street Address (I	P.O. Box Number is Not Acceptable) •
9950 EAST BAY HARBOR DRIVE					Oli doli Madroso (i	
SUITE 1					Suite, Apt. #, Etc	
MIAMI FL 33154					City	State Zip Code
						FL
10. I, being	appointed th	e registered agent of the abo	ove named corpo	oration, am fam	niliar with and accept the o	obligations of Section 607.0505, F.S.
Signature of Registered		latter	GISTERED AG	ENT MUST SI	(A) (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Date <u>OZ//8/0/</u>
this rein:	istatement ap	plication, the reason for disse	olution has been	eliminated, the	e corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees 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.

1387 1387

Compulunch, Inc 9950 East Bay Harbor Drive Miami, Florida 33154 305.866.9485

February 20, 2001

Enclosed locate a check in the amount of \$300 to cover two years of fees for filing the Uniform Business Report for Compulunch, Inc (FEI #65-0748718).

We received a notice of dissolution for Compulunch for failure to file these reports. The reason for not filing is that we never received a notice requesting that we do so, nor a notice warning of dissolution.

I believe the reason that we did not receive these notices is because we moved our corporate offices from 11501 NE 11th Place, Miami, Florida to 9950 East Bay Harbor Drive, Suite 1, Miami, Florida during that time period. The reinstatement application has our new and correct address.

For this reason we respectfully request that you waive the reinstatement fee and reinstate Compulunch, Inc as a Florida corporation.

Nathan Schor

President and Registered Agent

Walker Schoo