

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 13 AM 9:54

DOCUMENT # P97000057648

1. Corporation Name

COMPUTER COMMAND CORPORATION

Principal Place of Business

Mailing Address

212 VIA MILAN TERRACE  
DAVIE FL 33325

~~212 VIA MILAN TERRACE~~ Two South  
~~DAVIE FL 33325~~ University Dr #215  
plantation, FL  
33324



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0762396

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

33324

USA

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
P	OCAMPO, JOSE	212 VIA MILAN TERR	DAVIE FL 33325
			300004703723--6 -12/04/01--01033--002 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYNN, BRIAN  
212 VIA MILAN TERRACE  
DAVIE FL 33325

Name

Lynn, Brian

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

Two South University Dr #215

Suite, Apt. #, Etc.

215

City

plantation

State

FL

Zip Code

33324

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

*Brian Lynn*  
REGISTERED AGENT MUST SIGN

Date

11/7/01

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:

*Brian Lynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/01

Daytime Phone #

954-501-7070

CR2E040 (8/01)