DI EASE DEA	D ALL INCTOLL	CTIONS	DECORE O	COMPLET	NO TUE FO	NDM.
APPLICATION OF FOR 100 REINSTATEMENT	Sec	PARTMENT B. More retary of S	NT OF STATE tham tate		ARD ST	PKIVI.
DOCUMENT # P9700065026			WIIONS	SECRETARY OF STATE TALLAMYSSEE, FLORIDA		
WU COMPUTER CONSULT	NG INC.					
Principal Place of Business	Mailing Address	ess			5 18 N (8 8 1) 8 8 N (1) 8 8 N (1)	
3140 S.W. 40TH AVE. 3140 S.W. HOLLYWOOD FL 33023 HOLLYWOO		= · · · · · · · · · = ·				
C. made				REINS	TATEM	ENT M
If above addresses are incorrect in any way, lin 2. New Principal Office Address, If Applicable	. 3. New Mailing Office	g Office Address, If Applicable 4. Date Incorporated or Q			orated or Qualified	49-44
33 3.W. 5+h 50. Suite, Apt. #, etc.	3.3 > Suite, Apt. #, etc.	w. 5H	1 St.	To Do Busir 5. FEI Number	ness in Florida	07/25/1997
City & State Hallandole F	City & State	Mandal	ie FC		65-077	7267 Applied For Not Applicable
Zip 33009 Country Broward	X Zip 33009	Country	Broward	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer Name of Officers			tions must list at lea			
Title(s) and/or Directors		Offi (Do NOT Use	cer and/or Director Post Office Box Nu		4	City / State / Zip
presided Charley Wh	33	, s.w. Hall	5th St andde F	2L 33009	Hallano	late FL 33009
				600002778496 0 -02/17/3901075027 ****150.00 ****150.00 6000027784360 -02/17/9901075028 ****150.00 ****150.00		
						9901075029 1.00 *****600.00
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name			
CHARLEY, WU 3140 S.W. 40TH AVE. HOLLYWOOD FL 33023			Charley WU Street Address (P.O. Box Number is Not Acceptable) 3 3 5 . W . This			
O. I. balan appointed the registered great of the	and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent	REGISTERED AGENT M	i Ch	unter	inganoris di Secin	,	2/99
11. This corporation owes of Intangible Personal Prop			Yes 🗆	No 🔯		other side or information on intangible tax.)
12. I certify that I am an officer or director or the this reinstatement application, the reason for cwad by the corporation have been paid and on this application is true and accurate, and n	dissolution has been elimina the names of individuals list ny signature shall have the s	ated, the corpor ted on this form	ate name satisfies to do not qualify for a	the requirements an exemption und oath.	of section 607.0401 or ler section 119.07(3)(i	r 617.0401, F.S., that all fees), F.S. The information indicated
SIGNATURE:	iaobei (luul	y	2	12/99	954 454 6176
SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING	OFFICER OR D	RECTOR		Date	Daytime Prione #