

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P07000067707

1. Corporation Name

COMPUADD USA, INC.

Principal Place of Business

25 S.E. 2nd Ave  
# 410  
Miami, Fl. 33131

25 S.E. 2nd Ave  
# 410  
Miami, Fl. 33131

FILED  
99 DEC -7 PM 12: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

99

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1997

SP

5. FEI Number

65-0777546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB 75. Additional fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P	TRAMA, NILTON	RUA CARAVELAS 138	04012-060 SAO PAULO, SP. BRASIL
D	JOSE M. VEGA	25 S. E. 2nd Ave # 410	Miami, Fl. 33131

700003069987--3  
-12/14/99--01093--034  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

JOSE M. VEGA  
25 S.E. 2nd Ave  
# 410  
Miami, Fl. 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 12-6-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE M. VEGA, DIRECTOR 12-6-99/307539-9050