عسته تمسلا

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		1			FILED			
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations				(04 MAR 26 PM 2: 02			
		DIVISION OF	- CORPORATIONS		ALLAHASSEE, T	BIRLE		
1. Corporation Nam					ALLAHASSEELT	LOMBA		
HMEKIC	TAN BEGON	iA Comput	ER, INC					
				20 04/09/	1 <mark>0032265</mark> 1040103401	5 432 0 **908.	. 75	
2. Principal Office	Address	_			· · -			
3056	NW 72 A	1E 3042 M	NW 72 AVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					. و نسيب	
<i> </i>			71-71-71	4. Date Incorporated or Qualified To Do Business in Florida				
City & State	· ·	City & State		5. FEI Number		Appl	lied For	
MIAM!	F_L Country	MIAMI Zip		I	77667	 ' '	Applicable	
<u> </u>	1 '	33/22	Country	6. CERTIFICATE	OF STATUS DESIRED S	8.75 Additional F		
<u> </u>	· · · · · · · ·		d Address of Current Regis	Anned Anne-A		for a Certificate	of Status	
Name	•	7. Name an	d Address of Current Regis	tered Agent	·····		1	
	TUNG - Y	UAN, WU				0	k /	
Street		is Not Acceptable)		PRATE A	TERREST	TXI	\mathcal{M}	
Suite,	Apt. #, Etc.	W /2 HYE	F4	eins i A	I EMEM	U/U		
City	4****		 	 -	State Zip Code			
•	MIAMI	F4 331	122		FL 331	ລ ຂ		
8. I, being appointe	ed the registered agent of the	above named corporation, a	m familiar with and accept the	obligations of sectio				
Signature of	-		. T	7.1	11 / 15	1		
Registered Agent		REGISTERED AGENT MU	IST SIGN	JUNET- UAN	Was 4-02.	2004		
9. Names and Stre	eet Addresses of Each Office	er and/or Director (Florida non	profit corporations must list a	t least 3 directors)	····		\dashv	
Titles								
	Officers and/or Directors Office			tor	City / S	ale / Zip		
PASIDENT TUNG-YU		-YUAN, WIL	401 SW 12	7 AYE	MIAMI	FL 3	3122	
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unis reinstateme	ent application, the reason to	receiver or trustee empowere r dissolution has been elimina	ted, the comorate name satist	lies the requirements.	of section 607 0401 or 617	MAN ES that	all foor	
on this applicati	ion is true and accurate, and	d the names of individuals liste my signature shall have the s	ame legal effect as if made ur	or an exemption undender oath.	er section 119.07(3)(i), F.S.	ine information i	ndicated	
SIGNATURE	3/17	THEKSON	TING YOU	\ \) 4	Land 3	5-47/-	9817	
		R PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	~~~		Daytime Phone #	<u>`</u> '	