

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
01 JUL 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/15/01--01077--020  
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**DOCUMENT #** P97000098314

**1. Corporation Name**

SDN COMPUTER CORP.

**2. Principal Office Address**

5300 NW 88 Avenue

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

US

**3. Mailing Office Address**

2101 W Commercial Boulevard

Suite, Apt. #, etc.

Suite 4100

City & State

Ft Lauderdale, FL

Zip

33309

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/17/97

**5. FEI Number**

65-0829567

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Robert S. Forman

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

2101 West Commercial Boulevard

Suite, Apt. #, Etc.

Suite 4100

City

Fort Lauderdale

State

FL

Zip Code

33309

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN  
Robert S. Forman

Date

7/16/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Anderes, Kaspar	5030 Champion Blvd., Unit F-5	Boca Raton, FL 33498
D	Troeger, Jorg	5300 NW 88 Avenue	Sunrise, FL 33351

**10. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorg Troeger

7/16/01

Date

Daytime Phone #

(941) 560-5908

CR2E081 (9/00)