

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -6 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007455

1. Corporation Name

INSOMNIC COMPUTERS & CONSULTING, INC.

2. Principal Office Address

3058 NW 72 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33122

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

01/23/1998

5. FEI Number

65-0807188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIGUEL LEON

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

2840 S.W. 114 AVE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA 33165

State

FL

Zip Code

33165

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

Date 01/18/2001

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
/S/D	LEON, MIGUEL	2840 SW 114 AVE	Miami, Fl. 33165

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

Miguel Leon-President

Date

Daytime Phone #

Fax (305) 471-0308

01/18/2001 (305) 4717700