PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P98000012350 **DOCUMENT #**

1. Corporation Name

COMPUFAST, INC.

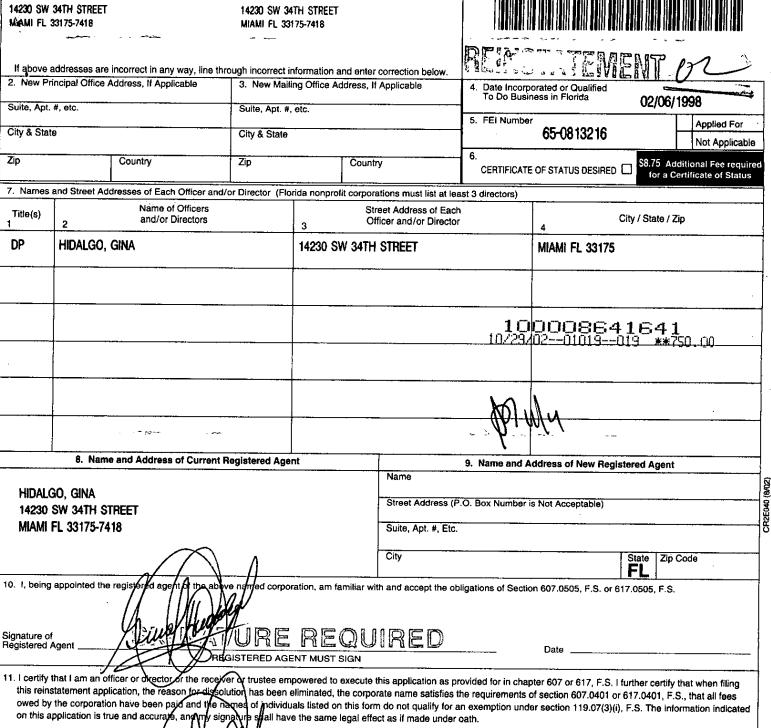
Principal Place of Business

Mailing Address

FILED

02 OCT 29 PM 12: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



SIGNATURE:

Date

Daytime Phone #