

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

DOCUMENT # P98000012350

1. Corporation Name

COMPUFAST, INC

2. Principal Office Address

14230 SW 34 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33175

Country

USA

3. Mailing Office Address

8360 W. FLAGLER ST

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FLORIDA

Zip

33144

Country

USA

**REINSTATEMENT**

03-04  
MRS.

4. Date Incorporated or Qualified  
To Do Business in Florida

02 06 1998

5. FEI Number

650813216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3.75 Additional Fee required  
by Certificate of Status

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

Name

HIDALGO, GINA

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

14230 SW 34 ST.

Suite, Apt. #, Etc.

City

MIAMI FLORIDA

State

FL

Zip Code

33175

100037010821

05/24/04--01008--012 \*\*900.00

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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
DP	HIDALGO GINA	14230 SW 34 ST.	MIAMI FLORIDA 33175

10. I certify that I am an officer or director of 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

Date

Daytime Phone #

CP2E061 (01/04)