

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000013934

1. Corporation Name

COMPUTEL SYSTEMS, INC.

Principal Place of Business

6687 NW 16 TERRACE  
FT LAUDERDALE FL 33309

Mailing Address

6687 NW 16 TERRACE  
FT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1180 SO POWERLINE RD

Suite, Apt. #, etc.

104

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1998

5. FEI Number

65-0810521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JACKMAN, JEROME G	6687 NW 16 TERRACE 1180 SO POWERLINE	FT LAUDERDALE FL 33309 POMPANO BEACH, FL 33069
PR	JACKMAN, JEROME G	2216 CYPRESS BEND DR NO 103	POMPANO BEACH, FL 33069
SECRETARY	JACKMAN, JEROME G	2216 CYPRESS BEND DR NO 103	POMPANO BEACH, FL 33069
			100003441711--2 -10/27/00--01019--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

JACKMAN, JEROME G  
6687 NW 16 TERRACE  
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

JACKMAN, JEROME G

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

1180 SO. POWERLINE ROAD

Suite, Apt. #, Etc.

104

City

POMPANO BEACH

State

FL

Zip Code

33069

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-14-00

11. 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

10-14-00 9549173717

Date

Daytime Phone #

CR2E040 (9/00)