PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

ਹੈOCUMENT # P98000035928

ည်း. Corporation Name

CPU SOLUTIONS HOLDING CORP.

Principal Place of Business Mailin

7921 BOCA CIEGA DRIVE

UNIT 1

ST PETERSBURG FL 33706

Mailing Address

POST OFFICE BOX 58312 TIERRA VERDE FL 33715

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

	-
2. New Principal Office Address, If Applicable 845 86 Ave N	3. New Mailing Office Address, If Applicable P.O. Box 55325
Suite, Apt. #, etc.	Suite, Apt. #, etc.
St. Petersburg FL	St. Petersburg, FL
ZipCountry	_ZipCountry
77702	33732

FILED

00 MAY -8 PM 2:07

SECRETARY OF STATE TAEBAHASSEE, FLORIDA



	REINSTATEME	NMU		
	Date Incorporated or Qualified To Do Business in Florida	04/21/1998		
	5. FEI Number	Applied For		
	59-3507697	Not Applicable		
=	6. CERTIFICATE OF STATUS DESIRED	\$8.75. Additional Fee require for a Certificate of Status		

St. Ye	etersbu	ng FL	St. Pe	cersburg		6.	0.75		
Zip	2	- Country	3373		ntry		EOF STATUS DESIRED for a Certificate of Status		
200	24	US	33.5	<u> </u>	U S				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	, Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director			City / State / Zip			
PSTD	PSTD PETERS, JEFFERY A			7921 BOOM CHECK DR. UNIT 1 193 1928 Nebraska Ave. Palm Harbor, FL		Ave.	Palm Harbor, FL 34683		
				,			00003280451 9 -06/07/0001094022 ****758.00 ****750.00		
						1	000032804519		
			•				-06/07/0001094023		
8. Name and Address of Current Registered Agent				9. Name and	Address of New Registered Agent				
343 AI	LAWYER LMERIA AVE L GABLES F	NUE	-		Street Address 1928 Suite, Apt. #, E	(P.O. Box Number Nebrasie tc.	is Not Acceptable) a. A ve		
10. I, being appointed the registered agent of the above named corpolation, am familiar with and accept the obligations of Section 607.0505, F.S.									

Signature of Registered Agent Date 2/7/80

REGISTERED AGENT MUST SIGN

Date 2/7/80

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:

SHATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 727-576-3460 Date Daytime Phone #

-0072779-