

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris-
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -7 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000002886

1. Corporation Name

Computer Technologies, Inc.

2. Principal Office Address

4751 Godfrey Road

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip Country

33067 USA

3. Mailing Office Address

4751 Godfrey Road

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip Country

33067 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1-11-1999 Sr

5. FE# Number

65-0889436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRYAN BRANAM

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

4751 Godfrey Road

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33067

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]

REGISTERED AGENT MUST SIGN

Date 3-4-01

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
President	BRYAN BRANAM	4751 Godfrey Road	Coral Springs, FL 33067
ST	MONIQUE BRANAM	4751 Godfrey Road	Coral Springs FL 33067

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:

MONIQUE BRANAM

3-4-01

954-255-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)