

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -8 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000014936**

1. Corporation Name

COMPUTER CONCEPTS WORLDWIDE INC

2. Principal Office Address

160 HOPE ST

Suite, Apt. #, etc.

124

City & State

LONGWOOD FL

Zip

32750

Country

3. Mailing Office Address

30 NRS ACCOUNTING SERVICES INC

Suite, Apt. #, etc.

105 HILLSIDE AVE

City & State

WINSTON PARK NY

Zip

11596

Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/99

5. FEI Number

59-358893

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

SATJAD MUKHI

200004642012--9

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

3609 MOSS POINTE PLACE

**-10/18/01-01065-015
****750.00 ***750.00**

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

REGISTERED AGENT MUST SIGN

Date

10/31/01

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
P	SATJAD MUKHI	3609 MOSS POINTE PLACE	LAKE MARY FL 32746
V	HASAN MIYANJI	1851 VALLEYWOOD WAY	LAKE MARY FL 32746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01

Date

407-332-8888

Daytime Phone #

CR2E081 (9/00)