

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris
Secretary of State

DIVISION OF CORPORATIONS

01 MAY -3 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027871

1. Corporation Name

COMPUTER HEADQUARTERS, INC.

2. Principal Office Address

3675 N. COUNTRY CLUB DR

Suite, Apt. #, etc.

1205

City & State

AVENUE, FL

Zip

33180

Country

U

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/1994

5. FEI Number

65-0905471

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

MUSTAPHA RAHAL

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

3675 N. COUNTRY CLUB DR

Suite, Apt. #, Etc.

#1205

City

AVENUE

State

FL

Zip Code

33180

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

Mustapha Rahal

Date

4-01-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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/S/T/D
PRESIDENT

MUSTAPHA RAHAL

3675 N. COUNTRY CLUB DR
#1206

AVENUE FL 33180

V/P

FATIMA FERADI

3675 N. COUNTRY CLUB DR
1205

AVENUE FL 33180

SECRETARY

REINSTATEMENT 00-01

MW

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:

Mustapha Rahal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

305-796-0250

Daytime Phone #

CR2E081 (9/00)