

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 DEC 26 PM 5:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000043417

1. Corporation Name

**COMPUNETWORK MIAMI CORP.**  
**14030 BISCAYNE BLVD SUITE 1011**  
**MIAMI, FLORIDA 33181**

2. Principal Office Address

**14030 BISCAYNE BLVD**

Suite, Apt. #, etc.

**1011**

City & State

**MIAMI, FLORIDA**

Zip

**33181**

Country

**U.S**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/10/1999**

5. FEI Number

**650928869**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75** Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-02**

7. Name and Address of Current Registered Agent

Name

**EDWARD VELEZ**

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

**14030 BISCAYNE BLVD**

Suite, Apt. #, Etc.

**1011**

City

**MIAMI**

State  
**FL**

Zip Code

**33181**

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 **12/20/2002**

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
PTDS	EDWARD VELEZ	4055 NE 1st AVENUE	MIAMI, FLORIDA 33127

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]*

**EDWARD VELEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/20/2002**

Date

Daytime Phone #

CR2E03 (9/99)