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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT		K a Se	EPARTMENT Itherine Harris Cretary of Stat DN OF CORPORATI	s	02-MAY	-112ED -22-11	-			
1. Corpor	UMENT#1 ration Name HCE OF SI ELECTRE	KY's	COMPUT		, j	~₹ SE€RET JALLAH	ARY OF	-S-AIL		R	
2. Princip: 8 0 2 Suite, Apt. : City & State	al Office Address 20 NW (#, etc. 10 e Country	76 Terr	3. Mailing Offic	NW 96	Terr	4. Date inco To Do Bu	rporated or (siness in Flo	-06/06/06 ****450 Qualified rida 5/	/20/9 	4450/01	3
<u> </u>	33321 USA CERTIFICATE OF STATUS DESIRED Street Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code										
9 M G G G G 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 William Willi											
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				
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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 Date

954-997-9504

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ACEOFSKYS COMPUTERS & ELECTRONICS, INC. 8020 NW 96 Terrace Suite 101 Tamarac, FL 33321

May 17, 2002

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document #P99000046006

We are enclosing the application for reinstatement along with a check for \$450.00 to cover the fees involved to get the above named corporation reinstated. We kindly ask that the reinstatement fee of \$600.00 be waived as the corporation's address changed during the 2000 year and the annual reports were not forwarded to the new address. In addition we were not aware of this annual filing until just recently. In the future the report will be timely filed.

Please process the application and reinstate the corporation.

Yours truly,

William Whitehead