

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000051171

1. Corporation Name

COMPU-EASE OF FLORIDA, INC.

Principal Place of Business

1122 PARKER CANAL CT.
OVIEDO FL 32765

Mailing Address

1122 PARKER CANAL CT.
OVIEDO FL 32765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1999

5. FEI Number

59-3594985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MS.	MOORS, CYNTHIA K	1122 PARKER CANAL CT.	OVIEDO FL 32765
			800004687748--8
			-11/19/01--01073--014
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

MOORS, CYNTHIA K
1122 PARKER CANAL CT.
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

Cynthia K. Moors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

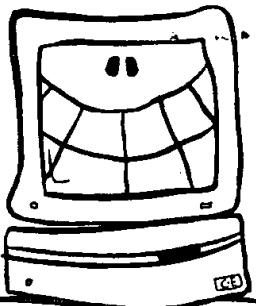
Date

Daytime Phone #

10/14/01 407-366-0916

CR2E040 (8/01)

2002



Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

COMPU-EASE®

COMPUTER TRAINING To Whom It May Concern:

MICROSOFT WINDOWS®

WORD®

EXCEL®

ACCESS®

OUTLOOK®

POWERPOINT®

FRONTPAGE®

WORDPERFECT®

SYSTEMWORKS®

PCANYWHERE®

QUICKEN®

QUICKBOOKS 2000®

ACT! 2000®

PAGEMAKER®

AND MORE!

I received a notification of "Notice of Administrative Dissolution or Revocation" from your office last Friday. I never received a renewal notice prior to the revocation; this is the very FIRST notice of any kind I have received. After calling your office yesterday, I was told that I should put this problem in writing along with a \$150.00 renewal check and send it into your office for consideration.

I am fairly new to being incorporated, and am a very organized person when it comes to renewals, annuals fees etc., that's a part of my business. I'm very sorry to have missed this important date, and it will not happen again. I have put a reminder on my calendar to file my annual report in the month of January, for 2002.

Thank you for your immediate attention to this situation.

Respectfully,

Cindy Moors

Cindy Moors
Compu-Ease of Florida, Inc.
FEI # 59-3594985

