

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000056179

1. Corporation Name
CompuK Finance Group, Inc.

2. Principal Office Address
4801 Suniversity

3. Mailing Office Address
[Signature]

Suite, Apt. #, etc.
219

City & State
Davie FL

Zip 33328 **Country** Usa

FILED
02 MAY 24 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/28/02--01035--008
****493.75 ****450.00

4. Date Incorporated or Qualified To Do Business in Florida 6/21/99

5. FEI Number 52-1019853 **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 Marcia James

Street Address (P.O. Box Number is Not Acceptable) 9617 NW 7th Cir

Suite, Apt. #, Etc. 319

City Plantation **State** FL **Zip Code** 33324

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] **Date** 5/22/02
REGISTERED AGENT MUST SIGN

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
Pres	Marcia James	9617 NW 7th Cir 319	Plantation FL 33324
UP	Melissa Stanforth	4801 Suniversity #219	Davie FL 33328
			T. Lewis 5/29/02

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] **Date** 5/22/02 **Daytime Phone #** 954 4256197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR