

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
2000 UBR

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

FILED

00 OCT 17 PH 2:33

DOCUMENT # P99000082692

1. Corporation Name

COMPUNETWORK SERVICES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10101 W. OKEECHOBEE RD.
#4101
HIALEAH GARDENS FL 33016

10101 W. OKEECHOBEE RD.
#4101
HIALEAH GARDENS FL 33016

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

| | |
|---|---|
| 2. New Principal Office Address, If Applicable 4161 W. 10 Ave Suite, Apt. #, etc. City & State Hialeah FL Zip 33012 Country Miami-Dade | 3. New Mailing Office Address, If Applicable 4161 W. 10 Ave Suite, Apt. #, etc. City & State Hialeah FL Zip 33012 Country Miami-Dade |
|---|---|

| | | |
|--|-----------------------------|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 09/20/1999 | 5. FEI Number 65-0949104 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
|-------------|--------------------------------------|---|-----------------------|
| P | Nelson Arrillaga | 4161 W. 10 Ave | Hialeah FL 33012 |
| | | | |
| | | | |
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| | | | |
| | | | |

500003457375--3
-11/08/00--01062--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARRILLAGA, NELSON
1761 S.W. 11 TERRACE
MIAMI FL 33135

Name
Nelson Arrillaga
Street Address (P.O. Box Number is Not Acceptable)
4161 W 10 Ave
Suite, Apt. #, Etc.
City
Hialeah
State
FL
Zip Code
33012

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
REGISTERED AGENT MUST SIGN

Date
10/14/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/14/00
Daytime Phone #

CR2E040 (9/00)

282

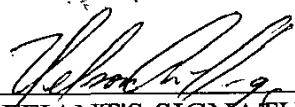
AFFIDAVIT WITH JURAT

State of Florida
County of Miami-Dade

Before me this day personally appeared Nelson Arrillaga Jr. being duly sworn, deposes and says that:

I, Nelson Arrillaga Jr. resident of 4161 W 10 Avenue in Hialeah, FL 33012, 10-21-76 and with Florida Drivers License no. A642-620-76-381-0 declare that:

Under oath state that I did not receive the Annual Report for Compunetwork Services Corp. Therefore, please waive the late fee and reinstate the corporation by accepting payment of \$150 as we have done what was instructed by one of your representatives. If there are any questions please feel free to contact me.


AFFILANT'S SIGNATURE
Nelson Arrillaga Jr.
President


NOTARY PUBLIC

JANET VASALLO
Notary Public - State of Florida
My Commission Expires Jun 25, 2003
Commission # CC245693