

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7 99000100103

1. Corporation Name

DEVICE COMPUTERS, INC

2. Principal Office Address

14453 SW 115 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33186

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/99

5. FEI Number

65-0962225

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

VISBAL ALEJANDRO

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

14453 SW 115 ST.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date

11/05/02

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
P-	VISBAL ALEJANDRO	14453 SW 115 ST.	MIAMI, FL. 33186
VP	PEREZ RUTH	14453 SW 115 ST.	MIAMI, FL. 33186

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

11/05/02

Daytime Phone #

CR2E081 (10/02)

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November 5, 2002

Secretary of State
Division of Corporation
P.O. Box 65327
Tallahassee, Florida 32314

Re: Divice Computers, Inc.
P 99000100103
~~14453 SW 115th Street~~
Miami, Florida 33186

Enclosed please find Reinstatement Application for the above reference Corporation.

I received the June communication from your office and I sent the Uniform Business Report together with the payment, after that I did not receive any other communications sent to me in June and July 12, 2002. The correspondence was returned un delivered due to an error on the address.

By way of Internet, I learned that the Corporation has been dissolve as of 10-4-2002

I am hereby requesting a Reinstatement of the Corporation and a waiver of the extra charge.

If further information is needed please contact me.

Very Truly Yours,

Ruth Pérez U

Alejandro Visbal
14453 SW 115th Street
Miami, Florida 33186
Tel. 786-326-2507