

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 PM 4:55

DOCUMENT # P99000103596

1. Corporation Name

COMPUTERS PLUS & SYSTEMS INC.

2. Principal Office Address
4471 NW 36 STREET

Suite, Apt. #, etc.
215

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-04

W04000011918

**4. Date Incorporated or Qualified
To Do Business in Florida** 11-30-1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DERWIN OSORNO

Street Address (P.O. Box Number is Not Acceptable)
4600 SW 136 PATH

Suite, Apt. #, Etc.

City
MIAMI

000031843480

04/05/04 01064 006 **750.00

State
FL

Zip Code
33185

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

Derwin Osorno

REGISTERED AGENT MUST SIGN

Date 03-24-2004

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/D	DERWIN OSORNO	4600 SW 136 PATH	MIAMI, FL 33185

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:

Derwin Osorno

03-24-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (01/04)