

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

**FILED**

98 FEB 20 PM 2:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **558595**  
 1. Corporation Name  
**Computer Hardware Services, Inc.**

**REINSTATEMENT 94-98**  
*ad*

Principal Place of Business  
**2936 Sunset Dr.**  
**New Smyrna Bch, FL**  
**32168**

Mailing Address  
**P.O. Box 46**  
**Mapleton, Kansas**  
**66754**

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

2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1991	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3101393	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Linda Barborka	2936 Sunset Dr.	New Smyrna Bch, FL 32168
S	" "	" " "	" " " "
V	Dennis Barborka	" " "	" " " "
T	" "	" " "	" " " "
			700002441807--4 -02/26/98--01087--003 ***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDA BARBORKA 2936 SUNSET DR. NEW SMYRNA BCH, FL 32168		Name LINDA BARBORKA Street Address (P.O. Box Number is Not Acceptable) 2936 SUNSET DR. Suite, Apt. #, Etc. NEW SMYRNA BCH, FL City State FL Zip Code 32168	
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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 **Linda Barborka** REGISTERED AGENT MUST SIGN Date **2/18/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **Linda Barborka** LINDA BARBORKA 2/18/98 904-427-3987  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREC040 (1/98)