

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Northan Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 JUN 27 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V29275					
1. Corporation Name The Computer Place, Inc.					
REINSTATEMENT 95-47					
Principal Place of Business Mailing Address 6908 NORTH 9TH Avenue + Cent of Sta PENSACOLA, FL 32504-6637					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida April 1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3114804	
City & State		City & State		Applied For Not Applicable	
Zip		Country		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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P/S/T	William C. Webb, Jr.	7535 Southpointe PL	PENSACOLA, FL 32514-6629		
V	Robert W. Liddell	1850 Cypress ST. #C	PENSACOLA, FL 32501-		
			100002235151--3 -07/10/97--01077--009 ***1080.00 ***1080.00		
			100002235151--3 -07/10/97--01077--010 *****8.75 *****8.75		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
William C. Webb, Jr. 5655 North 9TH Avenue, J-10 PENSACOLA, FL 32504			Name William C. Webb, Jr. Street Address (P.O. Box Number is Not Acceptable) 7535 Southpointe Place Suite, Apt. #, Etc. 7535 City PENSACOLA State FL Zip Code 32514-6629		
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 [Signature]				Date 6/24/97	
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: [Signature] William C. (Bill) Webb, Jr. (850) 476-3373 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 6/24/97 Daytime Phone #					