

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 1 of 2

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAR 17 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** V38140

**1. Corporation Name**

R.S. Computers Sales, Inc.

**2. Principal Office Address**

2700 S.W. 3rd Avenue

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite 2F

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip 33129

Country USA

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

050384492

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

RICHARD D. SHELOW

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

2700 S.W. 3rd Avenue

Suite, Apt. #, Etc.

Suite 2F

City

Miami

State  
FL

Zip Code  
33129

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 03/20/00

**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	Richard D. Shellow	2700 S.W. 3rd Ave., Suite 2F	Miami, FL 33129
S-T/D	Annette Shellow	2700 S.W. 3rd Ave., Suite 2F	Miami, FL 33129
			LS

**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 OF OFFICER OR DIRECTOR

(305) 860-8886

Date

Daytime Phone #

CR2E081 (9/99)

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ACCOUNT NO. : 072100000032

REFERENCE : 627596 81473A

AUTHORIZATION :

COST LIMIT : \$ 908.75

*Patricia [Signature]*

ORDER DATE : March 16, 2000

ORDER TIME : 1:38 PM

ORDER NO. : 627596-005

CUSTOMER NO: 81473A

CUSTOMER: Jeff E. Rubin, Esq  
Talianoff Rubin & Rubin  
Suite 600 C  
2699 South Bayshore Drive  
Miami, FL 33133

DOMESTIC FILINGS

NAME: R.S. COMPUTER SALES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
00 MAR 16 PM 4:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA