

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
PLATCOM, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

10 JUN 28 AM 8:18

DOCUMENT # P03000000692

1. Corporation Name

Platcom, Inc.

2. Principal Office Address - No P.O. Box

3835-R East Thousand Oaks Blvd

Suite, Apt. #, etc.

340

City & State

Westlake Village, CA

Zip

91362

Country

USA

3. Mailing Office Address

3835-R East Thousand Oaks Blvd

Suite, Apt. #, etc.

340

City & State

Westlake Village, CA

Zip

91362

Country

USA

REINSTATEMENT 09-104. Date Incorporated or Qualified
To Do Business in Florida 1/0203

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75/Additional Fee required for a Certificate of Status
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Matthew Young

Asst. V. Pres.

Date

6/28/10

REGISTERED AGENT MUST SIGN

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
Presid	Donald Calabria	3835-R East Thousand Oaks Blvd	Westlake Village, CA 91362
VP	Alan Collier	3835-R East Thousand Oaks Blvd	Westlake Village, CA 91362

10. E-mail Address: abcollier@adelphia.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

ALAN COLLIER 6-24-10 805/418-7358