

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -5 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500137671295
11/05/08--01034--017 **450.00

REINSTATEMENT 06-08
CR2E081 (10/08)

DOCUMENT # P96000087085
1. Corporation Name
CORSAM COMMUNICATIONS COMPANY

2. Principal Office Address - No P.O. Box # 14020 SW 67 PLACE		3. Mailing Office Address 14020 SW 67 PLACE	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33158	Country MIAMI-DADE	Zip 33158	Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida **11/21/1996**

5. FEI Number 650713677	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BRIAN FINK

Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD

Suite, Apt. #, Etc.
SUITE 1109

City CORAL GABLES	State FL	Zip Code 33134
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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.

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]* Date 11/4/2008
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
P	CORI Z. RICE	14020 SW 67 PLACE	MIAMI, FL 33158
	<i>[Handwritten: M/11/6]</i>		

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 contained in Chapter 119, 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]* **CORI Z RICE** NOV 4 2008 305 443 5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #