

P97000079694

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079694

1. Corporation Name

Comtex, Inc

2. Principal Office Address

3. Mailing Office Address

4135 Saltwater Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

33615

H. H.borough

4. Date Incorporated or Qualified
To Do Business in Florida

9-15-97

5. FEI Number

59-3472229

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

Neville A. Slaughter

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

4135 Saltwater Blvd

Suite, Apt. #, Etc.

City

Tampa, Florida

State

FL

Zip Code

33615

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

Neville A. Slaughter

Date 11-

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

DP

Neville A Slaughter

4135 Saltwater Blvd

Tampa FL 33615

V.B.

Neville A Slaughter

4135 Saltwater Blvd

Tampa FL 33615

T

Reinstate 11-20-00

DHS

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:

Neville A Slaughter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-00

Date

813 890 8029

Daytime Phone #