


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # 569138
1. Corporation Name NASACOM INC.

2. Principal Office Address 10926 NW. 40TH ST.
3. Mailing Office Address SAME

4. Date Incorporated or Qualified To Do Business in Florida 1991

5. FEI Number 65-0274788
Applied For **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent
Name RICHARD PIROVANO
Street Address (P.O. Box Number is Not Acceptable) 10926 NW. 40TH ST.
Suite, Apt. #, etc. BLDG. 27
City SUNRISE
State FL **Zip Code** 33351

FILED

02 MAR 20 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300005193129--4
-04/04/02--01073--004
***300.00 ***300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0503, F.S.

Signature of Registered Agent *Richard Pirovano* **Date** 3-13-02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| P | RICHARD PIROVANO | 10926 NW 40TH ST. | SUNRISE-FL-33351 |
| V | MARIA F. MÜLLER | 10926 NW 40TH ST. | SUNRISE-FL-33351 |
| | | | |
| | | | |
| | | | |

01-02 UBR 78

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)(c), 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: *Richard Pirovano* **Date** 3-13-02 **Daytime Phone #** 954-749-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NASACOM - USA

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10926 NW40th St. Bldg. 27
SUNRISE - FL - 33351 - USA

Phone 954-749-5150
Fax 954-749-0919

Email Nasacom@mindspring.com

DATE: 3-13-02

COMPANY: DEPARTMENT OF STATE

CONTACT: DIVISION OF CORPORATION

RE: REINSTATEMENT

DEAR SIR,

WE WOULD LIKE TO BE REINSTATED.

WE DID NOT RECEIVING THE 2001
CORPORATE ANNUAL REPORT, BECAUSE,

WE MOVED AND IT WAS NOT
FOWARDED TO U.S. WE ASK YOU

NOT TO CHARGE US A REINSTATE-
MENT FEE. WE ARE SENDING \$300.00

FOR 2001 AND 2002 CORP. ANNUAL REPORTS.

SINCERLY,

FROM:

[Signature]
PRESIDENT

PS PLEASE NOTE OUR NEW ADDRESS
ABOVE.