

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

02 FEB 18 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**



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

DOCUMENT # F000000003070

1. Corporation Name  
Command Communications Inc.

2. Principal Office Address  
4012 Cortez Rd West  
Suite, Apt. #, etc.  
2102  
City & State  
Bradenton FL  
Zip  
34210 Country  
manatee

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.  
SAME  
City & State  
SAME  
Zip  
SAME Country  
SAME

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
65-1122169 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  
Bob Taylor 600005027256--0

Street Address (P.O. Box Number is Not Acceptable)  
4012 Cortez Rd West Suite 2102 02/28/02--01067--002

Suite, Apt. #, Etc.  
2102 \*\*\*308.75 \*\*\*308.75

City  
Bradenton State  
FL Zip Code  
34210

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 Bob Taylor Date 01-08-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C.E.O	Bob Taylor	4012 Cortez Rd West <sup>ste</sup> 2102	Bradenton FL 34210
Pres	Anne Taylor	4012 Cortez Rd West <sup>ste</sup> 2102	Bradenton FL 34210

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: Bob Taylor C.E.O. 02-08-02 9417523116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)

#308.75  
2004

Command Communications, Inc.  
4012 Cortez Road West  
Suite 2102  
Bradenton, FL. 34207  
Tel: 941-752-3116  
Fax: 941-752-3266



# Fax

To: Secretary of State  
Cooperation Reinstatement From: Bob Taylor C.E.O

Fax: \_\_\_\_\_ Pages: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: 01-08-02

Re: \_\_\_\_\_ CC: \_\_\_\_\_

- Urgent     For Review     Please Comment     Please Reply     Please Recycle

● Comments:

Dear Sir or Madam.

We sent a letter approx 16 mts ago requesting  
change of address from 616 Lyons Lane Longport  
Key FL to 4012 Cortez Rd west Suite 2102  
Bradenton FL 34210.

We never recieved the renewal form's.  
Please wave the Reinstatement Fees

Kindest Regards  
Bob Taylor C.E.O.