2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# F97000004566

Entity Name: MODCOMP INC.

Current Principal Place of Business:

1650 W. MCNAB ROAD
FT. LAUDERDALE, FL 333091088

New Principal Place of Business:

1500 S POWERLINE ROAD
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1650 W. MCNAB ROAD
FT. LAUDERDALE, FL 333091088

New Mailing Address:

1500 S POWERLINE ROAD
DEERFIELD BEACH, FL 33442

FEI Number: 58-2336703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER SOUZA

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TVD ( ) Delete
Name: MORA, FAUSTINO
Address: 1650 W. MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 333091088

Title: SOD ( ) Delete
Name: LEVINE, GARY W
Address: 1650 W. MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 333091088

Title: PCEO ( ) Delete
Name: LUPINETTI, ALEXANDER R
Address: 43 MANNING RD
City-St-Zip: BILLERICA, MA 01821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TVD (X) Change ( ) Addition
Name: MORA, FAUSTINO
Address: 1500 S POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SOD (X) Change ( ) Addition
Name: LEVINE, GARY W
Address: 43 MANNING RD
City-St-Zip: BILLERICA, MA 01821

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAUSTINO MORA TVD 10/06/2005

Electronic Signature of Signing Officer or Director — Date