

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PARACOMM Incorporated
F99000003973

2. Principal Office Address

211 W Ridgewood Ct
Suite, Apt. #, etc.

3. Mailing Office Address

211 W Ridgewood Ct
Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/99

5. FEI Number

59-3579021

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

Christine Kubiak

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

211 W Ridgewood Ct

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

000013701050

05/10/03--01002--011 **10.00

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

Christine Kubiak

Date 03/21/03

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	Vincent D'onofrio	11-30 47th ave Longwood City	NY 11101
V	Mark Mayhew	1211 95th ave Plantation	FL 33322
D	Israel Abbuzzese	18 Corporate Woods Bld - 3rd floor	Albany, NY 11221
D	Gregory Cupo	50 Main St 15th floor	White Plains, NY 10606
D	Raymond Steele	3095 Arbor Dr Edgewood, NY 11717-2359	Edgewood Wenckley 41017-2359

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:

Vincent D'onofrio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 9149535518

Date

Daytime Phone #

CR2E081 (10/02)

gr 5/21