

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**L01000009830**

FILED

2002 OCT 28 AM 10:57

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009830  
 Name and Mailing Address

0000482 01 FP 0.352 \*\*PRSRT T2 0 0615 32751-476030  
 COMVEST CAPITAL, LLC  
 100 E SYBELIA AVE  
 SUITE 105  
 MAITLAND FL 32751-4760



2. New Mailing Address		4. State/Country of Formation FL	
City: State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/15/2001	
Principal Place of Business 100 E SYBELIA AVE SUITE 105 MAITLAND FL 32751	3. New Principal Place of Business Address		6. FEI Number 59.3731339
	City, State, Zip		Applied For Not-Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  LANE PAUL CAMP 5301 CONROY RD SUITE 140 ORLANDO FL 32811		9. Name and Address of New Registered Agent Name MICHAEL P. MCDOWELL Street Address (P.O. Box Number is Not Acceptable) 100 E. SYBELIA AVE, #105 City MAITLAND FL Zip Code 32751	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date 10.22.02  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<del>MGR</del>	<del>LANE, PAUL CAMP</del>	<del>5301 CONROY RD SUITE 140</del>	<del>ORLANDO FL 32811</del>
MGR	MCDOWELL, JOHN	100 E SYBELIA AVE SUITE 105	MAITLAND FL 32751
MGR	MCDOWELL, MICHAEL	100 E SYBELIA AVE SUITE 105	MAITLAND FL 32751
300008639093 10/28/02--01137--007 **150.00			
<b>REINSTATEMENT 2002</b>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date 10.22.02 Daytime Phone # 407.331.6404

CR2E084 (8/02)