

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 AUG -2 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L 73471

**1. Corporation Name**

OptiCom, Inc.

800006981938--3  
-08/08/02--01078--015  
\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

7600 Red Road

Suite, Apt. #, etc.

Suite 309

City & State

Miami, FL

Zip

33143

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

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

1993

**5. FEI Number**

65-0194960

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

Robert F. Galivan

Street Address (P.O. Box Number is Not Acceptable)  
7600 Red Road

Suite, Apt. #, Etc.

309

City

Miami

State  
**FL**

Zip Code  
33143

**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

REGISTERED AGENT MUST SIGN

Date

7/30/02

**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
Pres	Robert F. Galivan	7600 Red Road, St 309	Miami, FL 33143

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/02

Daytime Phone #

305-608-4276

js 8/6/02

July 30, 2002

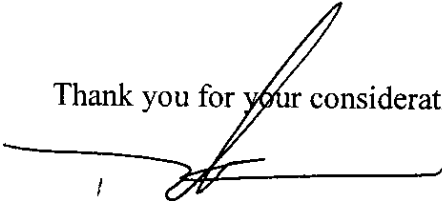
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find our application for reinstatement and check for \$300.00. Your department has informed me that our report forms had been returned to you by the post office due to an invalid address.

The correct address is shown on the enclosed application.

Thank you for your consideration



Robert F. Galivan  
President, OptiCom, Inc.