

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000048531**

1. Corporation Name

COMZILLA, INC.

Principal Place of Business

**330 JACARANDA DRIVE
JUPITER FL 33458**

Mailing Address

**330 JACARANDA DRIVE
JUPITER FL 33458**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2000

5. FEI Number

52-2239802

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOWLING, JEFF	330 JACARANDA DRIVE	JUPITER FL 33458

700004744657--3

-12/31/01--01048--002

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

**DOWLING, JEFF
330 JACARANDA DRIVE
JUPITER FL 33458**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jeff Dowling
REGISTERED AGENT MUST SIGN

Date **12/12/01**

11. 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.

Jeff Dowling

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/01

Date

561-691-1296

Daytime Phone #

CR2E040 (8/01)

REQUEST FOR RESTATEMENT

Florida Department of State Division of Corporations

At the request of the Division of Corporations this letter offers an explanation for Comzilla's failure to file an annual report/uniform business report for 2001 by the set deadline.

Comzilla's past use of multiple mailing addresses has resulted in a great deal of confusion. Comzilla considered the mailing address used by the Department of State dormant. After recently resuming usage of the previously dormant address a notice of dissolution was discovered. Comzilla does not wish to be dissolved and kindly request reinstatement. This problem has since been remedied. Future mail sent to the address below will be received in a timely manner.

*Comzilla, Inc.
330 Jacaranda Drive
Jupiter, FL 33458*

When the 2001 annual report/uniform business report form was not received, Comzilla made the false assumption that it's outsourced accounting/payroll agency rendered this filing service. Unfortunately this was not the case and the form laid waiting for several months in an unchecked mailbox.

I sincerely apologize for the mishap and assure it will not happen again.

Regards,

Jeff Dowling

12/12/01

Jeff Dowling
Director
Comzilla, Inc.