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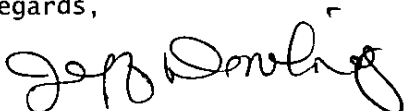
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div>FILED 06 JAN 17 PM 12:53</div> <div>100065075691 02/02/06--01020--011 **600.00</div> <div>CR2E081 (12/05)</div>	
DOCUMENT # P00000048531				
1. Corporation Name <div style="font-size: 1.2em;">Comzilla, Inc.</div>				
2. Principal Office Address 5938 Bay Hill Circle <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 5938 Bay Hill Circle <small>Suite, Apt. #, etc.</small>		
City & State Lake Worth, FL		City & State Lake Worth, FL		
Zip 33463	Country USA	Zip 33463	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 5/16/00		
		5. FEI Number 52-2239802	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Jeff Dowling				
Street Address (P.O. Box Number is Not Acceptable) 5938 Bay Hill Circle				
Suite, Apt. #, Etc.				
City Lake Worth		State FL	Zip Code 33463	
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 		Date 1/5/06		
<small>REGISTERED AGENT MUST SIGN</small>				
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.	Jeff Dowling	5938 Bay Hill Circle	Lake Worth, FL 33463	
<div style="font-size: 1.5em; opacity: 0.5;">B 1/10/06</div> <div style="font-size: 1.5em; opacity: 0.5;">REINSTATEMENT 03-06</div>				
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 contained in Chapter 119, 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: 		Date 1/5/06	Daytime Phone # 561-304-3156	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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Florida Department of State - Reinstatements,
I have not received my annual filing request form since
2002. I recently noticed my account status has been
inactive since 2003 on sunbiz.org. The address on file
with the department of state is incorrect. My current
address can be found below. I was instructed to mail
the reinstatement form along with a check for \$600. The
check and form can be found in this envelope.

Best Regards,



Jeff Dowling
Comzilla, Inc.
5938 Bay Hill Circle
Lake Worth, FL 33463
561-304-3156