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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 17 PM 12:53
TALLAHASSEE, FL
STATE OF FLORIDA

100065075691
02/02/06--01020--011 **600.00

CR2E081 (12/05)

DOCUMENT # P00000048531

1. Corporation Name

Comzilla, Inc.

2. Principal Office Address

5938 Bay Hill Circle

Suite, Apt. #, etc.

3. Mailing Office Address

5938 Bay Hill Circle

Suite, Apt. #, etc.

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

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

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

Jeff Dowling

REGISTERED AGENT MUST SIGN

Date

1/5/06

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

B 1/10/06
REINSTATEMENT 03-06

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:

Jeff Dowling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

561-304-3156

Daytime Phone #

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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