


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED
05 MAR - 3 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065596

1. Corporation Name

Comstock Industries, Inc.

2. Principal Office Address

2731 Executive Park

3. Mailing Office Address

420 E. Lamar Blvd.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 100

City & State

Weston, FL

City & State

Arlington, TX

Zip

33331

Country

USA

Zip

76011

Country

USA

REINSTATEMENT

2003-05

4. Date Incorporated or Qualified To Do Business in Florida

10/07/2000

5. FEI Number

65-1030375

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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

NRAI Services, Inc.

by: Christa Eubank

Date

2-22-2005

REGISTERED AGENT MUST SIGN

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
SP/D/S/T	ATUL SHARMA	Burbage House, 44 Mantfield Rd. Ealing	London, UK W52ND

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:

Atul Sharma ATUL SHARMA

Date

3.1.105

Daytime Phone #

+44 208 9983456

CR2E081 (01/05)