

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000066035

1. Corporation Name

COM.TEXT INC.

2. Principal Office Address

23036 L'ERMITAGE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

Zip

33433

Country

PALM BEACH

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

JULY 10, 2000

5. FEI Number

65-1023465

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

DAVID YUDENFREUND, CPA

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

6350 BRAVA WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33433

100023655741

10/09/03--01021--010 **15.00

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

David Yudenfreund CPA

REGISTERED AGENT MUST SIGN

Date

9/30/2003

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
P	JACQUELINE WOLF	23036 L'ERMITAGE CIRCLE	BOCA RATON, FL 33433

OBUR TS

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:

Jacqueline Wolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/03 561-702-3892

Daytime Phone #

CR2E06 (10/02)

COM.TEXT INC.

23036 L ERMITAGE CIRCLE
BOCA RATON, FL. 33433-7151

Phone: 561-702 3892

Fax: 561 368-9042

E-Mail: Barwof@aol.com

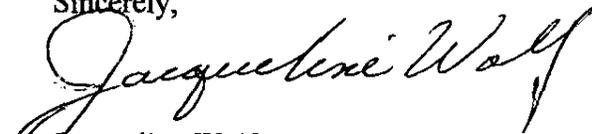
September 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

We never received our annual report form and were told to send a letter on our letterhead stating that we did not receive the annual report forms with a check for **\$150.00** and our corporation would be reinstated. Enclosed find check for \$150.00.

Sincerely,



Jacqueline Wolf
President