

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000081437**

1. Corporation Name

**COMTEK TRADING GROUP, INC.**

Principal Place of Business

6499 NW 9TH AVENUE  
SUITE 108  
FORT LAUDERDALE FL 33309

Mailing Address

6499 NW 9TH AVENUE  
SUITE 108  
FORT LAUDERDALE FL 33309

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

REINSTATEMENT

02

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2000

5. FEI Number

65-1035318

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	GEE, DENNIS RICHARD	6499 NW 9TH AVENUE	FORT LAUDERDALE FL 33309

300009245499  
11/27/02--01095--013 \*\*750.00

8. Name and Address of Current Registered Agent

BONNER, R. LAWRENCE ESQ.  
3400 NATIONS BANK TOWER  
100 SOUTHEAST 2ND STREET  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Dennis A. Gee

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

6499 N.W. 9th Ave

Suite, Apt. #, Etc.

Suite 108

City

Ft Lauderdale FL.

State

FL

Zip Code

33309

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Dennis A. Gee* REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-18-02

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.

SIGNATURE:

*Dennis A. Gee* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/02

Daytime Phone #

CR2E040 (8/02)