PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR ~~REINSTATEMENT~~

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

APPROVED AND FILED

03 APR -1 AM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105087

1. Corporation Name

COMMSOLVE CORPORATION

2004 2006 LBR

Principal Place of Business	Mailing Address
~~18854 HATTERAS ST. #14~~ ~~TARZANA CA 91356~~ 684 Glenmore Blvd. Glendale, CA 91206	~~18854 HATTERAS ST. #14~~ ~~TARZANA CA 91356~~ 684 Glenmore Blvd. Glendale, CA 91206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

800015313448
04/04/03--01041--005 **308.75

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
684 Glenmore Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Glendale CA	684 Glenmore Blvd.
City & State	City & State
	Glendale CA
Zip 91206 Country USA	Zip 91206 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/09/2000

5. FEI Number: 95-4841446 ~~APPLIED FOR~~ ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GIBSON, JAMES W	~~4107 MCLAUGHLIN AVE #10~~ 684 Glenmore Blvd.	~~LOS ANGELES CA 90066~~ Glendale, CA 91206

8. Name and Address of Current Registered Agent

GIBSON, ROBERT BRUCE JR
16141 SW 87TH CT
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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: Bruce Gibson SIGNATURE REQUIRED — Date: 3/28/03

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED — March 25 2003 — 3104980306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

242

CommSolve

March 28, 2003

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

Re: Application for Reinstatement – CommSolve Corporation – P00000105087

Dear Secretary of State:

Please accept this application for reinstatement for CommSolve Corporation and the enclosed check number 267 for the amount of $308.75.

Please note that the Corporate address changed last year and the notification to file was not received by the Corporation until recently. We sincerely regret not filing in a more timely manner and assure you that better measures will be taken to have mail forwarded properly the next time the Corporation changes its business address.

Thank you for your consideration in the matter referenced above.

Sincerely,

James W. Gibson
President

CC: E Shirely ESQ

CommSolveCorporation
684 Glenmore Blvd., Glendale, CA 91206 (818) 241-6406 (818) 241-6508 fax