

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015417

1. Corporation Name

ComVest Group, Inc.

2. Principal Office Address

100 E. Sybelia Ave

Suite, Apt. #, etc.

105

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Office Address

100 E. Sybelia Ave.

Suite, Apt. #, etc.

105

City & State

Maitland, FL

Zip

32751

Country

USA

REINSTATEMENT 02-03
100012974551
02/21/03--01112--020 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

2/09/01

5. FEI Number

NONE

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

Michael P. McDowell

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

1328 Sassafras Avenue

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

REGISTERED AGENT MUST SIGN

Date 2.14.03

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	Mark A. McDowell	1265 Bent Oak Trail	Altamonte Springs, FL 32714
VP	Michael P. McDowell	1328 Sassafras Avenue	Altamonte Springs, FL 32714
D	John P. McDowell	5409 Myrica Road	Orlando, FL 32810

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:

MICHAEL P. MCDOWELL

2.14.03

407-331-6404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)