

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 20 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000065164

1. Corporation Name

Indocom Inc.

2. Principal Office Address

313 Clematis St.

Suite, Apt. #, etc.

3. Mailing Office Address

313 Clematis St.

Suite, Apt. #, etc.

City & State

WPB FL

City & State

WPB FL

Zip

33409

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-04-02

5. FEI Number

65-1132639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-03**

**7. Name and Address of Current Registered Agent**

Name

Lubitz, Charles A : Boose Casey : Dean Vegosen

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

515 North Flagler Drive

Suite, Apt. #, Etc.

17th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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

Charles A. Lubitz

REGISTERED AGENT MUST SIGN

Date

3/11/03

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
Pres.	Ghishir Choksi	5485 Sandhurst Cir S	Lake Worth FL 33463
Vice Pres	Brent P. Eddy	3000 N. Ocean Dr.	Singer Island FL 33404
Sec.	Yamani Choksi	5485 Sandhurst Cir S	Lake Worth FL 33463
Treas.	James Passinos	940 Lighthouse Dr.	NPB FL 33401

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:

James T. Passinos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 11 2003

Daytime Phone #

561-

683-4494

CR20081 (10/02)