

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -7 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400008874024  
11/07/02--01075--006 \*\*150.00

**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** - P01000086025

**1. Corporation Name**  
**Ucomm, INC.**

**2. Principal Office Address**  
**3102 Overland Rd.**  
Suite, Apt. #, etc.  
**City & State**  
**Apopka, Florida**  
Zip **32703** Country

**3. Mailing Office Address**  
**312 Wild Olive Ln**  
Suite, Apt. #, etc.  
**City & State**  
**Longwood, Florida**  
Zip **32779** Country

**4. Date Incorporated or Qualified To Do Business in Florida** **08/29/2001**

**5. FEI Number** **59-3736445** 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**  
**Jack M. Talansky**

**Street Address (P.O. Box Number is Not Acceptable)**  
**312 Wild Olive Ln.**

**Suite, Apt. #, Etc.**

**City**  
**Longwood, Florida**

**State** **FL** **Zip Code** **32779**

**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** *Jack M. Talansky* **REGISTERED AGENT MUST SIGN**

**Date** **11-1-02**

**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	Jack M. Talansky	312 Wild Olive Ln	Longwood, FL 32779
Sec	Jack M. Talansky	312 Wild Olive Ln	Longwood, FL 32779
Tres.	Jack M. Talansky	312 Wild Olive Ln	Longwood, FL 32779

**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:** *Jack M. Talansky*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **11-1-02** **Daytime Phone #**

CR25081 (9/01)

TM

November 1, 2002

The Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Ref: Reinstatement of Ucomm, Inc. FEI #59-3736445

To Whom This May Concern:

We did not receive any notification for the annual report as well as any notifications. We did not receive any forms for the year 2002. We were not aware of any administrative dissolution until our accountant notified us.

I have changed our mailing address so hopefully I will receive all future forms. I am sorry about this situation and it will not happen again.

Enclosed you will find Check Number 1006 in the amount of \$150. I hope this resolves this problem.

Sincerely,



Jack M. Talansky, President

JMT:jp  
Enc.