

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 23 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000121089**

1. Corporation Name

CROSCOM CORPORATION

200101572772
05/04/07--01009--005 **150.00

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

Cor 4320, 11010 NW 30 ST.

Suite, Apt. #, etc.

104

3. Mailing Office Address

Cor 4320, 11010 NW 30 ST

Suite, Apt. #, etc.

104

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/01

5. FEI Number

52-2367585

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

ADRIANA HERRERA P.

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

8980 W FLAGLER STREET

Suite, Apt. #, Etc.

214

City

MIAMI

State

FL

Zip Code

33174

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Adriana Herrera P.

REGISTERED AGENT MUST SIGN

Date **4/19/07**

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
D	NESTOR ORLANDO SOLANO	Cor 4320, 11010 NW 30 ST, #104	MIAMI, FL 33172
D	CARLOS ROBERTO SOLANO	Cor 4320, 11010 NW 30 ST, #104	MIAMI, FL 33172

200101572772
05/04/07--01009--006 **150.00

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 contained in Chapter 119, 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MARCH 8/07 305-3162820

Daytime Phone #

Q. MARCH 23 2007



COLBERT • BOUE • AND • JUNCADILLA, P.A.

Certified Public Accountants

2092

March 8, 2007

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

Re: Croscom Corporation
Corporation Reinstatement
Waiver of reinstatement fee – Year 2006

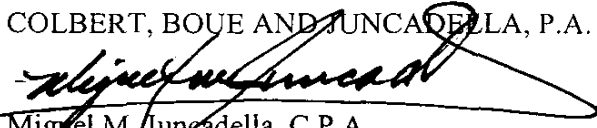
Dear Representative:

This letter is to request that you waive the reinstatement fee for the above corporation based on the following. The above taxpayer did not receive the annual report notice in 2006. In addition, the taxpayer moved from their previous office in late 2005 and received correspondence sparingly thereafter.

Enclosed please find a signed Corporation Reinstatement form along with two checks in the amount of \$150.00 each corresponding to the annual report fees for the years 2006 and 2007 respectively.

Very truly yours,

COLBERT, BOUE AND JUNCADILLA, P.A.



Miguel M. Juncadilla, C.P.A.

Cc: Croscom Corporation