

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000015290

1. Corporation Name

VODACOM, INC.

Principal Place of Business

9824 WEST MCNAB ROAD
TAMARAC FL 33321

Mailing Address

9824 WEST MCNAB ROAD
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

42-153-2666

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOATRIGHT, JAMES J	9824 WEST MCNAB ROAD	TAMARAC FL 33321
D	SILVA, PEDRO R	9824 WEST MCNAB ROAD	TAMARAC FL 33321

000024056450
10/23/03 01083 022 **150.00

8. Name and Address of Current Registered Agent

BOATRIGHT, JAMES J
9824 WEST MCNAB ROAD
TAMARAC FL 33321

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

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

James Boatright
REGISTERED AGENT MUST SIGN

Date

10/16/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/03

454-368-2816

CR2E040 (7/03)

REINSTATEMENT 03

FILED
03 OCT 23 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VodaCom Inc.

9824 West McNab Road
Tamarac, FL 33321


October 14, 2003

Division Of Corporations Annual Report/Reinstatement Section

Dear Sir or Madam:

Our company VodaCom Inc. never received the prior URB notice. Therefore I am going to send a check for \$150.00 dollars as stated on this notice.

Sincerely,

A handwritten signature in black ink, appearing to read "Pedro R. Silva", is written over a horizontal line.

Pedro Silva
Director