

1 of 2

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 JUN -3 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045853

1. Entity Name  
COMFAR INTERNATIONAL CORP.



Principal Place of Business  
1450 SE 18TH TR.  
CAPE CORAL, FL 33990

Mailing Address  
3501 DEL PRADO BLVD  
SUITE 306  
CAPE CORAL, FL 33904

2. Principal Place of Business  
2853 Work DR  
Suite, Apt. #, etc. 3

3. Mailing Address  
2853 Work DR  
Suite, Apt. #, etc. 3

City & State  
Fort Myers FL.

City & State  
Fort Myers FL.

Zip 33916 Country USA

Zip 33916 Country

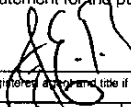


REINSTATEMENT 04-05  
05/14/2005  
APPLIED FOR  
NOT APPLICABLE  
TOP

6. Name and Address of Current Registered Agent  
ROJAS, PABLO E  
1450 SE 18TH TR.  
SUITE 306  
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent  
Name ROJAS, Fabio E  
Street Address (P.O. Box Number is Not Acceptable)  
2853 Work DR # 3  
City Fort Myers FL Zip Code 33916

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

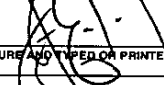
SIGNATURE:  DATE: 05-25-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, FABIO E 3501 DEL PRADO BLVD SUITE 306 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05/03/04 90742 004 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P ROJAS FABIO E 1450 SE 18TH TERR CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000055878930 06/09/05--01061--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 05-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**COMFAR INTERNATIONAL CORP.**

2853 Work Dr. Unit. 3Fort Myer Fl. 33916

TI. (239)454-3955 Fax. 454-1356

May 26 2005

Florida Department Of State  
Tallahassee Fl. 32314

To whom it may concern:

Attached there is a letter which we send to you on January 6 2005.

Again, we send you this letter to let you know that we never receive the paper work that you send us to correct, for that matter is taking as so long to resolve this problem.

I'm sending the application completed. If any question please contact us.

Sincerely,

  
Comfar International Corp.  
Fabio E. Rojas P.