

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 13 PM 3:57

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000120277

1. Corporation Name

COMPED, INC.

600073502616  
05/01/06--01055--002 \*\*600.00

2. Principal Office Address

5004 GARRICK COURT

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip  
33624

Country  
USA

3. Mailing Office Address

5004 GARRICK COURT

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip  
33624

Country  
USA

**REINSTATEMENT**

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

11/7/2002

5. FEI Number

42-1569671

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

MICHAEL J. MARTIN

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

5004 GARRICK COURT

Suite, Apt. #, Etc.

City

TAMPA

State  
FL

Zip Code  
33624

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

*Michael J. Martin*  
REGISTERED AGENT MUST SIGN

Date

4-6-06

**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
PD	MICHAEL J. MARTIN	5004 GARRICK COURT	TAMPA, FL 33624

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-6-06

Daytime Phone #

813-269-9026

4/11/06

2/2

March 31, 2006

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

Re: CompEd, Inc.  
Document #: P02000120277  
Reinstatement

Dear Sir or Madam,

I am writing this letter to formally request relief from the \$600.00 reinstatement fee for my corporation referenced above. I never received my initial Corporate Annual Report and was unaware of my filing responsibility since this was the first year I was doing business as a corporation. My accountant informed me that my corporation was administratively dissolved and I needed to reinstate.

I am enclosing a completed Corporate Reinstatement form I downloaded from your website along with my annual filing fees due of \$600.00 (\$150.00 per year for 2003, 2004, 2005, and 2006). Please process the form without the \$600.00 reinstatement fee since I never received notification of my original filing and I did not want to have my corporation dissolved due to this oversight.

I appreciate your consideration in allowing this reinstatement.

Sincerely,



Michael J. Martin  
President