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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 15 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0300074721

1. Corporation Name

COMPTech, INC.

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

7252 NW 31 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

3. Mailing Office Address

3100 NW 72 AVE.

Suite, Apt. #, etc.

UNIT: 128

City & State

MIAMI, FL

Zip

33122

Country

01/22/07 90091 012 \$150.00
REINSTATEMENT 07-6

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/2003

5. FEI Number

20-0109904

☐ 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

LEE MING

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

7252 NW 31 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
P/D	LEE MING	7252 NW 31 STREET	MIAMI, FL 33122

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

Daytime Phone #

702/15

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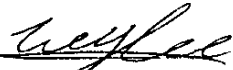
COMPTECH, INC.
DOC: P0300074721

TO: DIVISION OF CORPORATION

THIS LETTER IS TO INFORM YOU THAT I NEVER RECEIVED THE REJECTED LETTER CONCERNING THE 2007 UBR. I HAVE ATTACHED A COPY OF THE CANCELLED CHECK FOR 2007 AND I AM INCLUDING A CHECK FOR 2008.

IF YOU HAVE ANY QUESTION PLEASE DON'T HEISTATE TO CONTACT ME

CORDIALLY,


LEE MING