2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000090054

Entity Name: COM-TEK COMMUNICATIONS INC

FILED Oct 17, 2006 Secretary of State

Entity Na	me: COM-TE	K COMMUNICATIONS, INC				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
7219 BEN TAMPA, F	JAMIN RD., S ⁻ L 33634	ΓE. G				
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
2720 KNOLL ST WEST PALM HARBOR, FL 34683			7219 BENJAMIN RD SUITE G TAMPA, FL 33634			
FEI Number	: 30-0197066	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:		
PALM HAF	LL ST WEST RBOR, FL 346		ournose of changing its register	ed office or registered agent, or both,		
	e of Florida.		varipose of changing to register.	od omoc or registered agent, or both,		
SIGNATUI	RE: SISSY A					
	Electro	nic Signature of Registered Age	ent	Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (PEREZ, ROBE 3442 SILVERS PLANT CITY, F	TONE CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CAHILL, PATR 900 HUNTER L		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CFO (PANICO, DAVI 2720 KNOLL S PALM HARBOR	T WEST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VP (X DOLAN, THOM) Delete AS J	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID E PANICO	CFO	10/17/2006
---------------------------	-----	------------

130 VILLA DI ESTE TERRACE SUITE #204

LAKE MARY, FL 32746

Address:

City-St-Zip: