2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000117160

Entity Name: COMUNIQUE CORPORATION

MORILLO, ALEJANDRO D

CALLE DOCTOR BAEZ # 8 GAZCUE

SANTO DOMINGO, DN 00000 DO

Name:

Address:

City-St-Zip:

FILED Mar 20, 2007 Secretary of State

| | ipal Place | of Business: | New Principal Place of | Business: |
|--|---|---|--|---|
| 1133 BROADW STE 706 NEW YORK, N | | | 7925 NW 12TH STREET STE 107 MIAMI, FL 33126 | |
| Current Mailin | ng Address | :: | New Mailing Address: | |
| 1133 BROADW STE 706 NEW YORK, N | | | 7925 NW 12TH STREET STE 107 MIAMI, FL 33126 | |
| FEI Number: 20-1 | 512119 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Add | dress of Cu | ırrent Registered Agent: | Name and Address of N | lew Registered Agent: |
| STE E 773 4 AV NAPLES, FL 3 The above nam | 4102 US | | | |
| | | ubmits this statement for the | e purpose of changing its registered o | ffice or registered agent, or both, |
| in the State of F | Florida. | | e purpose of changing its registered o | ffice or registered agent, or both, |
| in the State of F | Florida. LUIS A. RO | | | ffice or registered agent, or both Date |
| in the State of F SIGNATURE: | Elorida. LUIS A. RO Electronic th s. 607.193 | DMANO | gent | |
| in the State of F SIGNATURE: In accordance with | Florida. LUIS A. RO Electronic th s. 607.193 gn Financing | OMANO c Signature of Registered A (2)(b), F.S., the corporation did Trust Fund Contribution (). | gent not receive the prior notice. | ffice or registered agent, or both, Date TO OFFICERS AND DIRECTOR |
| in the State of F SIGNATURE: In accordance wit Election Campaig OFFICERS AN Title: MR Name: RO Address: AV. | Electronic th s. 607.193 pr Financing ID DIRECT | OMANO c Signature of Registered A (2)(b), F.S., the corporation did Trust Fund Contribution (). CORS: Delete A P | gent not receive the prior notice. ADDITIONS/CHANGES | Date |
| in the State of F SIGNATURE: In accordance wit Election Campaig OFFICERS AN Title: MR Name: RO Address: AV. City-St-Zip: SAI Title: MR Name: ALC Address: CAI | Electronic th s. 607.193 gn Financing ID DIRECT MANO, LUIS ANACAONA: NTO DOMING MONO, DIEGO LLE DOCTOR | OMANO c Signature of Registered A (2)(b), F.S., the corporation did Trust Fund Contribution (). FORS: Delete A P # 69 - 201 O, DN 00000 DO Delete | gent not receive the prior notice. ADDITIONS/CHANGES Title: () Name: Address: City-St-Zip: | Date TO OFFICERS AND DIRECTO |
| in the State of F SIGNATURE: In accordance wit Election Campaig OFFICERS AN Title: MR Name: RO Address: AV. City-St-Zip: SAI Title: MR Name: ALC Address: CAI City-St-Zip: SAI Title: MR Name: ALC Address: CAI City-St-Zip: SAI Title: MR Name: LOI Address: CAI | Electronic th s. 607.193 gn Financing ID DIRECT MANO, LUIS A. ANACAONA: ANACAONA: ANO DOMING CON, DIEGO LLE DOCTOR NTO DOMING (X) BOS, JAVIER LLE DOCTOR | DMANO c Signature of Registered A (2)(b), F.S., the corporation did Trust Fund Contribution (). CORS: Delete A P # 69 - 201 O, DN 00000 DO Delete V BAEZ # 8 GAZCUE O, DN 00000 DO | not receive the prior notice. ADDITIONS/CHANGES Title: () Name: Address: City-St-Zip: Title: () Name: Address: City-St-Zip: | Date TO OFFICERS AND DIRECTO 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS A ROMANO P 03/20/2007