2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000155350

Address:

City-St-Zip:

Entity Name: COMVOIP TECHNOLOGIES INC.

FILED May 01, 2008 Secretary of State

Littly Name: Colvivoir recrinocosics inc.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
431 NORTI MIAMI, FL	HEAST 143RD 33161	STREET					
Current Mailing Address:			New Mailing Address:				
431 NORTI MIAMI, FL	HEAST 143RD 33161	STREET					
FEI Number:	20-3846448	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Statu	s Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of New Registered Agent:				
18640 NE 2 #300 MIAMI, FL	FL US				<i>5</i> 5		
in the State		ubmits this statement for the po	urpose of changing i	ts registered c	mice or registerea	agent, or both,	
SIGNATUR	RE: SEAN RO	BERTS					
	Electronic	c Signature of Registered Age	nt		Date		
Election Cam		(2)(b), F.S., the corporation did not Trust Fund Contribution (). ORS:	-		TO OFFICERS A	IND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SERINEX GLOBA	T 143RD STREET	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	DP ()[PHILLIP, NOVEL 431 NE 143 ST. MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	PD (X ROBERTS, SE 431 NE 143 ST MIAMI, FL 331			
Title: Name: Address: City-St-Zip:	VP ()[CHAIA, WOLETE 431 NE 143 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:) Change()Addition		
Title: Name: Address: City-St-Zip:	D () [JEAN BYRD, 431 NE 143 ST. MIAMI, FL 3316	Delete 1	Title: Name: Address: City-St-Zip:	ST (X ROBERTS, STA 431 NE 143 ST MIAMI, FL 331	·		
Title:	1()	Delete	Title:	AVP ()) Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify 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:

431 NE 143 ST.

City-St-Zip: MIAMI, FL 33161

SIGNATURE: SEAN ROBERTS VP 05/01/2008