

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000155350

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** COMVOIP TECHNOLOGIES INC.

**Current Principal Place of Business:**

431 NORTHEAST 143RD STREET  
MIAMI, FL 33161

**New Principal Place of Business:**

5465 NW 77 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

431 NORTHEAST 143RD STREET  
MIAMI, FL 33161

**New Mailing Address:**

PO BOX 610877  
MIAMI, FL 33261

**FEI Number:** 20-3846448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SERINEX GLOBAL CORP.  
18640 NE 2ND AVE  
#300  
MIAMI, FL FL US

**Name and Address of New Registered Agent:**

SERINEX GLOBAL CORP.  
18640 NE 2ND AVE  
MIAMI, FL FL US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** SEAN ROBERTS

03/04/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ROBERTS, SEAN  
**Address:** PO BOX 610877  
**City-St-Zip:** MIAMI, FL 33261

**Title:** PD  
**Name:** ROBERTS, SEAN  
**Address:** PO BOX 610877  
**City-St-Zip:** MIAMI, FL 33261

**Title:** VP  
**Name:** CHAIA, WOLETE  
**Address:** PO BOX 610877  
**City-St-Zip:** MIAMI, FL 33261

**Title:** ST  
**Name:** ROBERTS, STACY  
**Address:** PO BOX 610877  
**City-St-Zip:** MIAMI, FL 33261

**Title:** VP  
**Name:** JEFFREY, ALFRED JR  
**Address:** PO BOX 610877  
**City-St-Zip:** MIAMI, FL 33261

I hereby 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 all other like empowered.

**SIGNATURE:** SEAN ROBERTS

PR

03/04/2010

Electronic Signature of Signing Officer or Director

Date