

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000161327

1. Corporation Name

Comvest Capital Satellite Arms, Inc.

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

2886 SE Calvin St.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

Zip

34952

Country

USA

3. Mailing Office Address

2886 SE Calvin St.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

Zip

34952

Country

USA

7. Name and Address of Current Registered Agent

Name

Rodger P. Stubbs

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

2886 SE Calvin St.

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34952

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

4/9/08

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	Rodger P. Stubbs	2886 SE Calvin St.	Port Saint Lucie, FL 34952

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

R. Stubbs

Date

4/9/08

Daytime Phone #

722-283-9311

FILED

08 APR 14 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

600123262236

04/14/08--01045--021 **458.75

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/9/2005

5. FEI Number
20-3944195

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.