

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 30 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000071153

1. Entity Name
ND COMMS, INC.



Principal Place of Business
25 SE 2ND AVE., SUITE 1025
MIAMI, FL 33131

Mailing Address
25 SE 2ND AVE., SUITE 1025
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
1172 South Dixie Hwy
Suite, Apt. #, etc.
117

3. Mailing Address
1172 South Dixie Hwy
Suite, Apt. #, etc.
117



12022008 REIN-P CR2E098 (1/07)

City & State
Coral Gables, FL
Zip
33146
Country
USA

City & State
Coral Gables FL
Zip
33146
Country
USA

4. FEI Number 753245987
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES H. GELMAN, P.A.
25 SE 2ND AVE., SUITE 1025
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME D OSORIO, ARTURO ☐ Delete
STREET ADDRESS 25 SE 2ND AVE., SUITE 1025
CITY- ST- ZIP MIAMI, FL 33131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500139376315
CITY- ST- ZIP 12/30/08--01081--009 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #