

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Blal 2

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

00 NOV -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37398

1. Corporation Name

SIMS COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

18001 COWAN ROAD
#C
IRVINE CA 92614
US

18001 COWAN ROAD
#C
IRVINE CA 92614
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0287558

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BENNETT, MARK	18001 COWAN RD STE C	IRVINE CA 92614
VD	MALET, MICHAEL	18001 COWAN RD STE C	IRVINE CA 92614
CFO	RUBEN, ALAN	18001 Cowan, Suite C	Irvine, CA 92614

500003478585--2
-11/28/00--01079--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLSZEWSKI, TRACEY
1 WEST CAMINO REAL
STE 202
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00

Date

949-261-6665

Daytime Phone #

CR2E040 (800)



pg. 2 of 2

Via Certified Mail

October 24, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sims Communications, Inc.
FEI Number: 650287558
Last Event: Revoked for Annual Report

To Whom It May Concern:

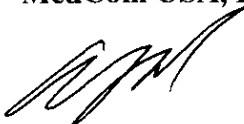
The Florida Department of State forwarded to MedCom USA, Inc. (formerly Sims Communications, Inc.) a Certificate of Administrative Dissolution or Revocation, which was received by our office on October 17, 2000. However, notification to file the 2000 corporation annual report/uniform business report was never received by our corporate office in Irvine, California. Therefore, MedCom USA, Inc. would like to request that the reinstatement fee for the above referenced company be waived.

MedCom USA, Inc. was informed by one of your examiners in Florida that we would still be required to pay the \$150.00 filing fee, which is enclosed for your processing.

Your prompt attention to reinstating Sims Communications, Inc. will be greatly appreciated since we are conducting business in the state of Florida.

If you should have any questions or require additional information, please do not hesitate to contact the undersigned.

Sincerely,
MedCom USA, Inc.



Alan J. Ruben
Chief Financial Officer

Enclosure