

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **p93000010108**

1. Corporation Name

Socom Inc.

2. Principal Office Address

2649 Lake Dr.

Suite, Apt. #, etc.

8

City & State

Singer Island, FL.

Zip

33404

Country

Palm beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9 Feb. 93

5. FEI Number

65-0385982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Mizener

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

2649 lake Dr. # 8

Suite, Apt. #, Etc.

City

Singer Island

State
FL

Zip Code

33404

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 **28 Aug 2002**

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
pres	Scott Mizener	2649 lake Dr. #8	Singer Island, FL. 33404

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 Aug 2002 (581) 581-3060

100007626351-8
-03/10/02-01018-017
***1123.75 ***1123.75
96-02

FILED
02 AUG 29 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/01)

1451

Bank of America
ACH R/T 063000047

SOCOM, INC.
2649 LAKE DR. #6
SINGER ISLAND, FL 33404

PAY TO THE ORDER OF Florida Department of State

One Thousand One Hundred Twenty-Three and 75/100

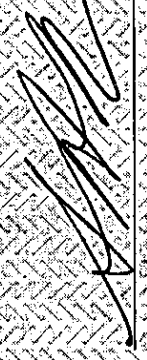
DOLLARS

8/28/2002

\$

***1,123.75

Florida Department of State



MEMO 65-030982

⑆00145⑆⑆⑆063000047⑆⑆003445083426⑆

SOCOM, INC.


Florida Department of State

Date	Type	Reference
08/28/2002	Bill	
08/28/2002	Bill	

1451

8/28/2002

Original Amt.	Balance Due	Discount	Payment
1,115.00	1,115.00		1,115.00
8.75	8.75		8.75
		Check Amount	1,123.75

This is a Request To waive the late fee
Due To the fact that I never recieved
The original Uniform Business Report.
Thank you very much for your prompt Attention.
Scott Wizer Pres. SocomInc.


Bank of America

1,123.75

2072