

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 AUTHORITY HAS
 SECRETARY OF STATE
 DIVISION OF CORPORATION

FILED
 Oct 19 1999 8:00 am
 Secretary of State

DOCUMENT # P96000017043

1. Corporation Name

COMAD MANAGEMENT GROUP, INC.

Principal Place of Business

795 119TH AVENUE
 TREASURE ISLAND FL 33706

Mailing Address

795 119TH AVENUE
 TREASURE ISLAND FL 33706

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/23/1996

5. FEI Number

57-1042737

Applied For

Not Applicable

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)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
|-------------|--------------------------------------|---|--------------------------|
| DP | MAKRAUER, GEORGE A | 795 119TH AVENUE | TREASURE ISLAND FL 33706 |
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 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MAKRAUER, GEORGE A
 795 119TH AVE
 TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

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

George A. Makrauer
 REGISTERED AGENT MUST SIGN

Date *Oct 18, 1999*

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:

George A. Makrauer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GEORGE A. MAKRAUER

PLEASE SEE ATTACHED LETTER.

Oct 18, 1999 727-363-7373
 Date Daytime Phone #

CR2540 (8/99)

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ComAd Management Group, Inc.
795 – 119th Avenue
Treasure Island, FL 33706
Phone 727-363-7373 • Fax 727-367-0222

October 18, 1999

Division of Corporations
Annual Report – reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Attention: Mr. Tyrone Scott

Dear Mr. Scott:

Thank you for your help on the phone today when I explained I did not receive the renewal notice and you said the late fee would be waived.

As you instructed, here are the signed form and a check for \$150.00.

Thanks again.

Sincerely,

