

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

00 APR 10 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074784 (5)

1. Corporation Name

PreCom Technology, Inc.

2. Principal Office Address

c/o Greenwich Financial Group
2001 West Main Street

Suite, Apt. #, etc.

208

City & State

Stamford, CT

Zip

06902

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

9/1/96

5. FEI Number

65-0693481

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

Donald F. Mintmire

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

265 Sunrise Avenue

Suite, Apt. #, Etc.

Suite 204

City

Palm Beach,

State

FL

Zip Code

33480

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

Donald F. Mintmire

Date April 6, 2000

REGISTERED AGENT MUST SIGN

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
S,T	Bruce Kellner	2001 West Main Street Suite 208	Stamford, CT 06902
P	Nicholas M. Calapa	2001 West Main Street Suite 208	Stamford, CT 06902

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 filling 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:

Nicholas M. Calapa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2000

Date

Daytime Phone #