PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV -5 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074784

1. Corporation Name
PRECOM TECHNOLOGY, INC.

2. Principal Office Address	**3.** Mailing Office Address
2255 Glades Road	2255 Glades Road
Suite, Apt. #, etc. 324A	Suite, Apt. #, etc. 324A
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33431 / Country USA	Zip 33431 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9-5-96

5. FEI Number 06-1588136 ☐ 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

000008796920
11/05/02--01013--035 **785.00

Name: International Financial Concierge Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road

Suite, Apt. #, Etc.: 324A

City: Boca Raton | State: FL | Zip Code: 33431

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: Glenn Liddell, Secretary — Date: 11-01-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	Nicholas Calapa	2001 West Main St, Ste 208	Stamford, CT 06902
D/P/C	Robert Hipple	2255 Glades Road, Ste 324A	Boca Raton, FL 33431
D/V	Rodney Read	2255 Glades Road, Ste 324A	Boca Raton, FL 33431
V/T	Drew Roberts	2255 Glades Road, Ste 324A	Boca Raton, FL 33431
S	Glenn Liddell	2255 Glades Road, Ste 324A	Boca Raton, FL 33431
	REINSTATEMENT 2002		

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: Glenn Liddell — Glenn Liddell, Secretary — 11-01-02 — (561) 988-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Lewis 11/12/02