

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

00 JUN 20 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97 000014871

1. Corporation Name

VCOM Technologies
Corp.

2. Principal Office Address

6001B Park of Commerce Blvd

Suite, Apt. #, etc.

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3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip

33487

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/97

5. FEI Number

650730198

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

Carlos Fernandez

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

6001B Park of Commerce

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33487

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

Carlos Fernandez

Date 6-19-00

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
P	CARLOS A. Fernandez	6447 Park view DR.	Boca Raton, FL 33487
			98-00 UBA TS

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:

Carlos Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-00 561-997-6152

Date

Daytime Phone #

CR2E081 (9/99)



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To: Department of State

We did not receive our 1998 filing. I was told that you would wave our late fee
thank you

A handwritten signature in black ink, appearing to read "Carlos Fernandez", is written over a horizontal line.

Carlos Fernandez

