

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 3:01

DOCUMENT # **P 97000042256**

1. Corporation Name

**NEWCOM TECHNOLOGIES, INC.**

2. Principal Office Address

**8153 SW 163 AVE**

Suite, Apt. #, etc.

**—**

City & State

**MIAMI - FLORIDA**

Zip

**33193**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**98-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MAY 9, 1997**

5. FEI Number

**65-0752447**

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

**JORGE OCAMPO**

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

**8153 SW 163 AVE**

Suite, Apt. #, Etc.

City

**MIAMI, FL.**

State

**FL**

Zip Code

**33193**

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 **07-25-00**

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/P/C	JORGE OCAMPO	8153 SW 163 AVE	MIAMI - FLORIDA 33193
			3000003362033-4 -08/18/00--01041--029 ***1050.00 ***1050.00

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 taxes 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 provided 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

**07-25-00**

Date

**(305 752-9706)**

Daytime Phone #