

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072086

1. Corporation Name

EXECOM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8323 LAKE DRIVE #406
MIAMI FL 33166

8323 LAKE DRIVE #406
MIAMI FL 33166



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8290 LAKE DR # 330
Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable

8290 LAKE DR
Suite, Apt #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1997

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

5. FEI Number

65-0787313

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOHM, RODOLFO R	8323 LAKE DRIVE #406	MIAMI FL 33166

LS

900003087549--7

-01/04/00--01064--016

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOHM, RODOLFO R
8323 LAKE DRIVE #406
MIAMI FL 33166

Name

BOHM RODOLFO R

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

8290 LAKE DR

Suite, Apt #, Etc.

330

City

MIAMI

State

FL

Zip Code

33166

0. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-20-99

1. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-99

Date

305-477-5991

Daytime Phone #