

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC 26 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098194

1. Corporation Name

MAPCOMM USA, INC.

Principal Place of Business

Mailing Address

1971 WEST LUMSDEN ROAD  
SUITE 327  
BRANDON FL 33511

1971 WEST LUMSDEN ROAD  
SUITE 327  
BRANDON FL 33511

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



REINSTATEMENT *JD*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1997 SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3478635

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	GILLINGHAM, MURDOCH	278 STEPHENSON POINT ROAD	PORT PERRY ON
VPS	ROJAS, KELVIN	11213 SAILBROOKE DRIV	RIVERVIEW FL 33569
			400003532364 7 -01/11/01--01026--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EKONOMIDES, NICKOLAS C  
201 N. FRANKLIN STREET  
SUITE 2350  
TAMPA FL 33602

Name

NICKOLAS C. EKONOMIDES

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

201 E. KENNEDY BLVD.

Suite, Apt. #, Etc.

STE. 1130

City

TAMPA

State

FL

Zip Code

33602

10. 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]*  
REGISTERED AGENT MUST SIGN

Date

11/29/00

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 24, 2000

Date

678 296 7915

Daytime Phone #

KELVIN ROJAS

CR2E040 (8/00)