

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

1971 WEST LUMSDEN ROAD
SUITE 327
BRANDON FL 33511

Mailing Address

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.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1997

SP

5. FEI Number

59-3478635

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

9. Name and Address of New Registered Agent

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)