

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071715

1. Corporation Name

COMBRIDGE USA, INC.

Principal Place of Business

848 BRICKELL AVE
SUITE 1120
MIAMI FL 33131

Mailing Address

848 BRICKELL AVE
SUITE 1120
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

21 SE 1st AVENUE 5th FLOOR - 21 SE 1st Ave. 5th FLOOR

Suite, Apt. #, etc.
MIAMI, FL., 33131
City & State

3. New Mailing Office Address, If Applicable

21 SE 1st AVENUE 5th FLOOR

Suite, Apt. #, etc.
MIAMI, FL., 33131
City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1998

5. FEI Number

65-0969557

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
P	ZURITA, CECILIA	848 BRICKELL AVE STE 1120	MIAMI FL 33131
	ZURITA, CECILIA	21 SE 1st. AVENUE. 5th FLOOR MIAMI, FL., 33131	

8. Name and Address of Current Registered Agent

ZURITA, CECILIA
1642 BRICKELL AVENUE
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 29 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)



2082

Combridge USA, Inc.
21 SE 1st. Ave, 5th Floor
Miami, FL. 33131
Phone: (305) 858-6700
Fax: (305) 854-7800

Department of State
División of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Via Mail Delivery

Reference: Annual Uniform Business Report

To Whom It May Concern:

Due to our address change, in April 01, we did not receive the Annual Business Report on time. May you please process our filing report and grant us the opportunity to continue doing business.

Thanking you in advanced for your assistance,


Cecilia Zurita
Uniplex Telecom Technologies, Inc.