PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

بي _و د باس <u>،</u>	<u> </u>		SOTIONO BEI OTIE				
	PORATION DE L'ANDRE DE	Kat Sec	PARTMENT OF STATE herine Harris retary of State NOF CORPORATIONS		FILED 00 DEC 15 PM	12: 56	
DOCUMENT # P98000103434 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DAC-COM SOLUTIONS, INC.							
2. Principal Office Address 2. Principal Office Address 2. Description of the second							
Suite, Apt. #, etc. Suite, Apt. 5			4		rporated or Qualified siness in Florida		
	icai FC	City & State	FL	5. FEI Numb	osk 2972	Applied For Not Applicable	
3317	2 Country	33172	Country	6. CERTIFICAT		Additional Fee required Certificate of Status	
	Name Jereny Bake Street Address (P.O. Box Number is 5 2200 NW Suite, Apt. #, Etc. Sinte U	s Not Acceptable) 102nl Ax		rı	State Zip Code FL 3317 2	4 ~ − − ~ 7 04 − 0.9 • • • • • • • • • • • • • • • • • • •	
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							
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 Direct	ors	Street Address of Each Officer and/or Director		City / State / Zip		
President	Ribert Gonzale.	- 22	OO NW 1020 A	44	Migni FC 3	3/72 -	
10	Carlos Castanedo	. 2	1200 NW 102N A	e #4	Migni FL 3	3172	
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-					<u> </u>		
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 filling 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 Daytime Phone #							



DO NOT REMOVE

Information Technology Solutions

October 31, 2000

Florida Department of State Division of Corporations Reinstatement Department Post Office Box 6327 Tallahassee, FL 32314

Dear Sir or Madam,

On October 17th, one of the principals for Dac-Com Solutions, Inc. was searching through the Corporations Online database and discovered that the company had been dissolved.

After researching the matter I have come up with a timeline of what I believe happened:

- We moved from 1470 NW 107th Avenue Suite N to 2200 NW 102nd Ave Suite 4
- We sent notice to the department for a change of address for Dac-Com Solutions (Owners Roberto
 Gonzalez and Carlos Castaneda), Dactel Inc (Owner Castaneda) and Com-Pro Systems Inc. (Owner
 Gonzalez)
- The change of address for Com-Pro Systems Inc. and Dactel Inc. were processed but the one for Dac-Com Solutions was not.
- We received and returned Annual Reports for Com-Pro Systems and Dactel since they were sent to the new address but not for Dac-Com Solutions since it was sent to the old address.
- We did not receive the notice that we had not complied since it too was more than likely sent to the old address.
- We were dissolved

I sincerely ask that you waive the \$600.00 fee for reinstatement and allow our company to continue without the unneeded burden of refiling the Corporation.

If you have any questions I can be reached at 305-594-3474.

Thank you

Jeremy Baker
Office Administrator

Enclosures

CC:

Roberto Gonzalez Carlos Castaneda