

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 OCT 15 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106053

1. Corporation Name

APPSCOM INC.

Principal Place of Business

1377 CLINT MOORE ROAD  
BOCA RATON FL 33487

Mailing Address

1377 CLINT MOORE ROAD  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/22/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0953772	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	ZALENSKI, ANTHONY F	1377 CLINT MOORE ROAD	BOCA RATON FL 33487

200003023042--7  
-10/22/99--01118--014  
\*\*\*758.75 \*\*\*758.75

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZALENSKI, ANTHONY F  
1377 CLINT MOORE ROAD  
BOCA RATON FL 33487

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

*Anthony F. Zaleski*  
REGISTERED AGENT MUST SIGN

Date 10/14/99

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:

*Anthony F. Zaleski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99  
Date

561-997-6227  
Daytime Phone #

CR20040 (8/99)