

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 23 AM 9:22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000027316

1. Corporation Name

AUDICOM, INC.

2. Principal Office Address - No P.O. Box #

2427 SW 23 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

U.S.A

3. Mailing Office Address

13953 SW 66 ST

Suite, Apt. #, etc.

307B

City & State

MIAMI, FL

Zip

33183

Country

U.S.A

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1999

5. FEI Number

65-0905656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT O FERNANDEZ

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

2427 SW 23 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

500250046515
07/23/13--01034--001 **1350.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/15/13

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERT O FERNANDEZ	2427 SW 23 ST	MIAMI, FL 33145

REINSTATEMENT

2009-13

S. HAWKES

JUL 24 2013

EXAMINER

10. E-mail Address: MEDINA GROUP @ LIVE.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/13

Date

Daytime Phone #