

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000036606**

1. Corporation Name  
**COMMTECH INC.**

Principal Place of Business: **5209 NW 79TH AVENUE MIAMI FL 33166**

Mailing Address: **10515 UNIVERSITY DRIVE A PLANTATION FL 33324**

**FILED**  
 01 NOV -7 PM 5:52  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable  
 c/o Mark Bernstein CPA  
 Suite, Apt. #, etc. 5001 S. University Dr. #A  
 City & State Davie FL  
 Zip 33328 Country USA

4. Date Incorporated or Qualified To Do Business in Florida **04/22/1999**

5. FEI Number **65-0938292**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	OCHOA, CARLOS	1051 S UNIVERSITY DRIVE #A	PLANTATION FL 33324
			500004716615--7 -12/10/01--01084--001 ****150.00 ****150.00
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

**OCHOA, CARLOS**  
 1051 S UNIVERSITY DRIVE #A  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: **Carols Ochoa**  
 Street Address (P.O. Box Number is Not Acceptable): **5001 S. University Dr.**  
 Suite, Apt. #, Etc. **Suite #A**  
 City: **Davie** State: **FL** Zip Code: **33328**

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: *[Handwritten Signature]* Date: **11/2/01**

REGISTERED AGENT MUST SIGN

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: *[Handwritten Signature]* Date: **11/2/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/01)

20/2

---

# MARK A. BERNSTEIN, C.P.A., P.A.

---

November 2, 2001

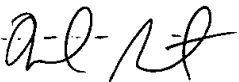
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Commtech, Inc.  
Federal I.D.#65-0938292  
Document#P99000036606

To Whom It May Concern:

Enclosed please find the above referenced client's annual fee of one hundred fifty dollars (\$150.00) for the 2001 annual report. We received your application for reinstatement, which my client has signed, however we are asking that you abate all penalties. We never got the original application. The mailing address is incorrect. The correct mailing address that should have been used on the form is 1051 S. University Drive, however the address that it was mailed to was 10515 University Drive, which would explain why my client never got the original application. Your understanding and cooperation in abating all penalties is appreciated. We look forward to hearing from you.

Sincerely,



Mark Bernstein, CPA, PFS

MB:ms

Cc: Mr. Carlos Ochoa