

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT
11/12/01

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

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1999

5. FEI Number

65-0938292

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
D	OCHOA, CARLOS	1051 S UNIVERSITY DRIVE #A	PLANTATION FL 33324
			500004716615--7
			-12/10/01--01084--001
			****150.00 ****150.00

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

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

November 2, 2001

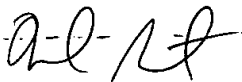
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

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