

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

103

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P00000105087

03 APR -11 AM 6:05

1. Corporation Name
COMMSOLVE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18854 HATTERAS ST. #14
TARZANA CA 91336
684 Glenmore Blvd.
Glendale, CA 91206

Mailing Address
18854 HATTERAS ST. #14
TARZANA CA 91336
684 Glenmore Blvd.
Glendale, CA 91206

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800015313448
04/04/03--01041--005 **308.75

2. New Principal Office Address, If Applicable
684 Glenmore Blvd.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
11/09/2000

Suite, Apt. #, etc.
Glendale CA

Suite, Apt. #, etc.
684 Glenmore Blvd.

5. FEI Number
95-484146 APPLIED FOR

City & State
Zip 91206 Country USA

City & State
Glendale CA
Zip 91206 Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GIBSON, JAMES W	4107 MCLAUGHLIN AVE #10 684 Glenmore Blvd.	LOS ANGELES CA 90066 Glendale, CA 91206

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBSON, ROBERT BRUCE JR
16141 SW 87TH CT
MIAMI FL 33157

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent Bruce Gibson SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/28/03

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25/2003 3104980306
Date Daytime Phone #

CR2E040 (8/02)

267



March 28, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement – CommSolve Corporation – P00000105087

Dear Secretary of State:

Please accept this application for reinstatement for CommSolve Corporation and the enclosed check number 267 for the amount of \$308.75.

Please note that the Corporate address changed last year and the notification to file was not received by the Corporation until recently. We sincerely regret not filing in a more timely manner and assure you that better measures will be taken to have mail forwarded properly the next time the Corporation changes its business address.

Thank you for your consideration in the matter referenced above.

Sincerely,

A handwritten signature in black ink, appearing to read "James W. Gibson".

James W. Gibson
President

CC: E Shirely ESQ