

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001666**

1. Corporation Name
COMMUNICATION FACILITY MANAGEMENT CORPORATION

FILED
96 NOV 13 PM 3: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**204 REMINGTON CT
CHALFONT PA 18914**

Mailing Address
**PO BOX 105
CHALFONT PA 18914**

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
204 Remington Ct.
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
04/08/1995

5. FEI Number
23-2524666

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KUSNELL, CARL	414 W. GLENSIDE AVE	GLENSIDE PA 19038
			300002009353--7 -11/20/96-01025-014 ***375.00 ***375.00
			<i>[Signature]</i> 11/15/96

8. Name and Address of Current Registered Agent
**BROEKER, DOUGLAS C
66 W. FLAGLER ST
SUITE 1000 1000
MIAMI FL 33130**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **SUITE 1000**
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.
Signature of Registered Agent *Doug C Broeker* **REQUIRED** Date **Oct 18, 1996**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Carl Kusnell* **REQUIRED** Date **10/17/96** (215) 822-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CREDA 7/95