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SWEETAPPLE, BROEKER & VARKAS
PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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STEVEN L. LUBELL
MARK GREENBERG

PLEASE REPLY TO
MIAMI

April 4, 1995

*BOARD CERTIFIED CIVIL TRIAL ATTORNEY

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

200001450832
-04/07/95--01062--020
***4245.00 ***4245.00

Attn: Mr. Hart

Re: Communication Facility Management Corporation

Dear Mr. Hart:

As per my previous conversation with you and Charlotte of Corporate Information Services, enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida for the above captioned corporation, along with a current Certificate of Incorporation from Pennsylvania. Also enclosed please find our check in the amount of \$4,245, representing the following:

- \$ 3,000.00 - Fine for 1989-1994
- 1,222.50 - Annual report fee (1989-1995)
- 122.50 - Filing fee

If you have any questions or desire further information, please do not hesitate to contact me. Thank you for your courtesies in handling this filing.

Vary truly yours,

MG
MARK GREENBERG

hk 4/6

MG/lc
enc

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 8:44

**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COMMUNICATION FACILITY MANAGEMENT CORPORATION
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Pennsylvania
(State or country under the law of which it is incorporated)

3. October 26, 1984 4. Perpetual
(Date of incorporation) (Duration)

5. 23:2524666
(Federal Employer Identification number, if applicable)

6. 1989
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 204 Remington Court, P.O. Box 905 Chalfont, PA 18914
(Current mailing address)

8. Telephone concession rights
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Carl Kusnell

Address: 414 W. Glenside Avenue, Glenside, PA 19038

Director: _____

Address: _____

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DIVISION OF CORPORATIONS
95 APR - 6 AM 8:14

9. Officers:

President: Carl Kusnell
Address: 414 W. Glenside Ave. Glenside, PA 19038

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: DOUGLAS C. BROEKER
Office Address: 66 W. Flagler Street, Suite 800
Miami, Florida 33130
Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: Doug C. Broek

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Carl Kusnell
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)
Carl Kusnell
President

14. _____
(Name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA



Department of State

03/06/1995

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COMMUNICATION FACILITY MANAGEMENT CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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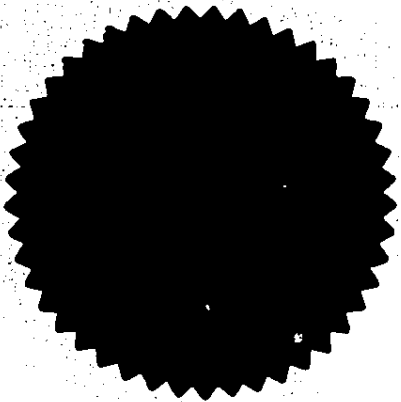
IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Grette Kunk".

ACTING

Secretary of the Commonwealth

CKEI



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000001666**

1. Corporation Name

COMMUNICATION FACILITY MANAGEMENT CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

204 REMINGTON CT
CHALFONT PA 18814

PO BOX 25
CHALFONT PA 18814



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified To Do Business in Florida

04/08/1995

5. FEI Number

23-2524005

Applied For

Not Applicable

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	KUSHNELL, CARL	414 W. GLENDALE AVE	GLENDALE PA 19038
			300002009353--7 -11/20/96--01025--014 ***375.00 ***375.00

[Handwritten Signature]
11/15/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROEKER, DOUGLAS C
66 W. FLAGLER ST
SUITE 800 1000
MIAMI FL 33130

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date *Oct 18, 1996*

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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/96 (215) 822-5657
Date Daytime Phone #

CR35040 (7/94)