

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062405

1: Corporation Name

TRIPLE R CABLE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

7090 NEW JESUP HWY
BRUNSWICK GA 31523

12417 JEREMYS LANDING DR E
JACKSONVILLE FL 32258



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/23/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3657076	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	RICE, JOSEPH L	12417 JERNEY'S LANDING DR. EAST 12417 JEREMYS LANDING DR EAST	JACKSONVILLE FL 32258
VD	RICE, JOSHUA E	8700 SOUTHSIDE BLVD., APT. 1208	JACKSONVILLE FL 32256
STD	RICE, MARK A	8859 OLD KINGS RD., SOUTH APT 60	JACKSONVILLE FL 32257
D	RICE, EDWARD L	12417 JERNEY'S LANDING DR. EAST 12417 JEREMYS LANDING DR EAST	JACKSONVILLE FL 32258
			600024762856 11/17/03--01098--013 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICE, JOSEPH L
12417 JERMEY LANDING DR. EAST
JACKSONVILLE FL 32258

Name EDWARD L RICE
Street Address (P.O. Box Number is Not Acceptable)
12417 JEREMYS LANDING DR. EAST
Suite, Apt. #, Etc.

City JACKSONVILLE State FL Zip Code 32258

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 *Edward L Rice*
REGISTERED AGENT MUST SIGN

Date 11-10-03

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: *Edward L Rice* EDWARD L RICE 11-10-03 904-534-3830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)