

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 DEC 15 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000936

1. Corporation Name

JOHN CAULFIELD FIBER OPTIC SERVICES, INC.

Principal Place of Business

Mailing Address

711 EXECUTIVE BLVD..STE.F
VALLEY COTTAGE NY 10989

711 EXECUTIVE BLVD..STE.F
VALLEY COTTAGE NY 10989

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 03



500025489775

12/15/03--01013--010 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2000

5. FEI Number

13-3737138

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	CAULFIELD, JOHN	22 TERRACE DRIVE	NYACK NY
ST	KENNEDY, MICHAEL	171 RIDGE STREET 110 BARNHART ROAD	PEARL RIVER NY

8. Name and Address of Current Registered Agent

PURNEAL, HAROLD F
215 SOUTH MONROE ST., STE 420
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Renee Haggerty
REGISTERED AGENT MUST SIGN

Date

12/4/03

11. I certify that I am an officer or director of 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 fees and costs 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:

Michael Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kennedy

Date

12/2/03

Daytime Phone #

8452682424

CR2E040 (7/03)