

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.

REINSTATEMENT 03



500025489775
12/15/03--01013--010 **750.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/22/2000	
City & State		City & State		5. FEI Number	
Zip		Country		13-3737138	
				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
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

9. Name and Address of New Registered Agent

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

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* Date: 12/14/03
REGISTERED AGENT MUST SIGN

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 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* **MICHAEL KENNEDY** 12/2/03 8452682424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)