

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000002764

1. Corporation Name

LINKMASTERS, INC.

Principal Place of Business

109 HINTON AVE., STE 1
WILMINGTON NC 28403

Mailing Address

109 HINTON AVE., STE 1
WILMINGTON NC 28403

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/12/2000

5. FEI Number

56-2175096

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GREENE, RICK	6252 TURTLE HALL DR.	WILMINGTON NC
VCD	MURPHY, HUGH	6675 MILLSTONE DR.	NEW PORT RICHEY FL
-S	BASS, MICHAEL	109 HINTON AVE., STE 15	WILMINGTON NC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, HUGH M
6676 MILLSTONE DR.
NEW PORT RICHEY FL 34655

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

300004717283--5
-12/10/01--01094--019
***150.00 ***150.00
Date 10-30-01

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01
Date

910-799-9898
Daytime Phone #

FILED
01 NOV -2 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2ED40 (8/01)

LinkMasters Inc.

Wireless Installation & Integration Services

109 Hinton Ave., Suite 1 Wilmington, NC 28403 910-799-9898 910-799-9896 Fax

6619 State Rd. 54, New Port Richey, FL 34653 727-846-1944 727-847-5532 Fax

2012

October 25, 2001

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We received the enclosed Notice of Dissolution. I called the number listed and was told that we received the notice because we did not file our annual report. We did not receive the report form or any notice that it was due. Our North Carolina office is listed as our principal place of business. I can verify that the notice was never received at this office or our Florida office. We were instructed when I called to send in the \$150.00 fee with a letter of explanation. Please reinstate. Thank you.

Sincerely,



Rick Greene
President