

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000005464

1. Corporation Name

CABLE COM, INC.

Principal Place of Business

Mailing Address

6792 TRIBBLE ST  
LITHONIA GA 33058

6792 TRIBBLE ST  
LITHONIA GA 33058

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1993

5. FEI Number

59-1507020

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
CT	EKSTROM, JOHN J	6792 TRIBBLE ST	LITHONIA GA
P	<del>LONG, ROBERT S</del> MIKE GEFORD	6792 TRIBBLE ST	LITHONIA GA
V	<del>WALLACE, LARRY E</del> SAM SHIELDS	6792 TRIBBLE ST	LITHONIA GA
S	HUNTER, CAROL E.	6792 TRIBBLE ST	LITHONIA GA
400004721154--1 -12/12/01--01075--024 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

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 ON FILE - FILED PRIOR 3 10-18-01

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-15-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM SHIELDS VICE PRESIDENT

10/17/01 770 482-7612  
Date Daytime Phone #

2052

CT CORPORATION SYSTEM

{VIA Regular Mail}

November 15, 2001

Peter H. Nacker  
CableCom Inc.  
6792 Tribble Street  
Lithonia, GA 30058

Re: CableCom Inc.

Dear Peter:

As requested, enclosed please find the Florida Application for Reinstatement for the above listed entity. It has been executed by the appropriate person at CT accepting the designation of agent.

Please call with questions.

Very Truly Yours,



Denise Pfannkuche  
Customer Specialist

Enclosures