

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION,
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 5:55

DOCUMENT # F96000003287

1. Corporation Name

Comm South Companies, Inc.

REINSTATEMENT

2. Principal Office Address

2909 N. Buckner Blvd.

3. Mailing Office Address

2909 N. Buckner Blvd.

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Dallas, Texas

City & State

Dallas, Texas

Zip

75228

Country

USA

Zip

75228

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/27/96

5. FEI Number

75-2587984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current 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

800003434458-2
-10/23/00-01016-0212

State
FL

Zip Code
33324

****750.00 ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/ Chairman of Board	F.J. Pollak	8390 N.W. 25th Street	Miami, FL 33122
Sr. VP/ Sec/Director	Richard B. Salzman	8390 N.W. 25th Street	Miami, FL 33122
CFO/ Dir.	Gustavo Blanco	8390 N.W. 25th Street	Miami, FL 33122
Pres/ COO	Larry Long	2909 N. Buckner Blvd, Suite 800	Dallas, TX 75228
Asst. Sec.	Tom Wilkins	2909 N. Buckner Blvd., Suite 800	Dallas, TX 75228

10. 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

Date

Daytime Phone #

972-643
10-4-2000 8664

CR2E081 (9/99)