

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 MAY -5 PM 4:37

DOCUMENT # **F9700000613D**

1. Corporation Name

CARSTON NETWORK COMPANY

98-00.

2. Principal Office Address

1614 NORTH OSCEOLA AVE.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

Country

33755

USA

3. Mailing Office Address

1614 NORTH OSCEOLA AVE.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

Country

33755

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11-19-97

5. FEI Number

59-3376199

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

BARBARA A. BURKETT

100003265251-2

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

2830 NW 41ST ST.

-05/24/00--01061--006

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

SUITE 1

City

GAINESVILLE

State

FL

Zip Code

32606

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

Barbara A. Burkett

Date

4/28/00

REGISTERED AGENT MUST SIGN

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
CPST	SALLY A. FONNER	1612 N. OSCEOLA AVE.	CLEARWATER, FL. 33755

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

Sally Fonner

4/25/00

Date

727-443-3434

Daytime Phone #

AD

CR2E081 (9/99)