

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG -5 AM 11:01

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006488

1. Corporation Name

SIGNEUS COMMUNICATIONS, INC.

900006968819--1  
-08/08/02--01021--006  
\*\*\*1208.75 \*\*\*1208.75

REINSTATEMENT 99-02

W02-21435

2. Principal Office Address

4250 U.S. ROUTE 1 N.

Suite, Apt. #, etc.

SUITE 4

City & State

MONMOUTH JCT, NJ

Zip

08852-1905

Country

USA

3. Mailing Office Address

4250 U.S. ROUTE 1 N.

Suite, Apt. #, etc.

SUITE 4

City & State

MONMOUTH JCT, NJ

Zip

08852-1905

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/98

5. FEI Number

22-3501599

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

JOSUE LEON

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

4902 S.W. 72ND AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

Josue Leon  
REGISTERED AGENT MUST SIGN

Date 7/16/02

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
P/D	GARY PODLES	345 WITHERSPOON ST.	PRINCETON, NJ 08542
V/D	BARBARA ROBERTSHAW	345 WITHERSPOON ST.	PRINCETON, NJ 08542
S/D	ALAN ZAR	345 WITHERSPOON ST.	PRINCETON NJ 08542
C/D	WILLIAM ROBERTSHAW	345 WITHERSPOON ST.	PRINCETON NJ 08542

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

7/19/02 732-274-2226  
Date Daytime Phone #

CR2E081 (9/01)

8/16/02