

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41845

1. Corporation Name

COVERAGE PLUS ANTENNA SYSTEMS, INC.

98 NOV 16 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1700 SOUTH DIXIE HWY
BOCA RATON FL 33432
US

Mailing Address

1549 RINGLING BLVD
THIRD FLOOR
SARASOTA FL 34236
US

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1988

5. FEI Number

65-0084067

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DELL'APA, JAMES M	908 ST PETER	NEW ORLEANS LA
VP	WOLSEY, ROBERT J	8944 FISHERMANS BAY	SARASOTA FL 34231
VP	GABOURY, BEN	7444 MYRICA DR	SARASOTA FL 34231
CFO	PUTNAM, SHIRLEY M	7814 38TH CT EAST	SARASOTA FL
P	DELL'APA, JAMES M.	1009 ST. ANN STREET	NEW ORLEANS, LA 70116
CFO	TODD, DECKER A.	803 BENNINGER DR.	BRANDON, FL 33510

8. Name and Address of Current Registered Agent

PUTNAM, SHIRLEY M
1549 RINGLING BLVD
THIRD FLOOR
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name
TODD, Decker A.
Street Address (P.O. Box Number is Not Acceptable)
1549 Ringling Blvd.
Suite, Apt. #, Etc.
Third Floor
City
Sarasota
State
FL
Zip Code
34236

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]

URE REQUIRED

Date 11/12/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information
on intangible tax.)

12. 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]

URE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98

941-364-8886

Date

Daytime Phone #

CR2E040 (9/98)