

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
L00000004358

FILED

02 DEC -4 AM 10:39

1. DOCUMENT # L00000004358

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005702 01 FP 0.352 \*\*PRST T8 0 0615 34202-419014



COMMUNICATIONS TECHNOLOGY ENGINEERING & EDUCATION  
CONSULTANTS, LLC  
7614 BROOMSEDGE COURT  
BRADENTON FL 34202-4190

12/04/02--01044--001 \*\*150.00

900009347879



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/13/2000

Principal Place of Business

7614 BROOMSEDGE COURT  
BRADENTON FL 34202

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

PATRICK, CARL E  
6823 OLD RANCH ROAD  
SARASOTA FL 34241

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/18/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THOMPSON, MICHAEL W	1848 GULF DRIVE	ENGLEWOOD FL 34223

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)