

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

1. DOCUMENT # L00000004358

Name and Mailing Address

0010475 01 AT 0.292 **AUTO T9 0 0615 34202-419014



COMMUNICATIONS TECHNOLOGY ENGINEERING & EDUCATION
CONSULTANTS, LLC

7614 BROOMSEDGE COURT
BRADENTON FL 34202-4190



2. New Mailing Address

City, State, Zip

Principal Place of Business

7614 BROOMSEDGE COURT
BRADENTON FL 34202

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/13/2000

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/11/03

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	1846 GULF DRIVE	ENGLEWOOD FL 34223

200025328592
12/08/03--01075--014 **150.00

REINSTATEMENT

03
dec

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

SIGNATURE REQUIRED

Date

11/11/03

Daytime Phone #

941-468-3614

Typed or printed name of signing Managing Member/Manager