

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -2 PM 2:45

DOCUMENT # L07000101233

1. Limited Liability Company's Name

CABLING & NETWORK SERVICES LLC

200174286302
04/02/10--01032--006 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3590 47TH AVE NE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34120

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/5/07

6. FEI Number

26-1229652

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

Name

DAVID BRANTLEY RHODES

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

3590 47TH AVE NE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34120

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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

David Rhodes

REGISTERED AGENT MUST SIGN

Date 1/26/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DAVID BRANTLEY RHODES	3590 47TH AVENUE	NAPLES FL 34120
MGR	PAUL MENZEL	5493 COVE CIRCLE	NAPLES FL 34119

REINSTATEMENT 2008-2010

11. E-mail Address: dbr234@earthlink.net

(To be used for future annual report notifications)

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

David Rhodes

Date

1/26/2010

Daytime Phone #

239.272.2679

Typed or printed name of signing Managing Member/Manager

David Rhodes

T. Hampton APR - 5 2010