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APPROVED  
DATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

02/21/1994

Country

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
F D	MARTINET, GARY	2895 S. ORLANDO DRIVE	SANFORD FL 32773
Y	<del>JACKSON, JOHNNEL</del>	<del>1025 BLACKSTONE AVENUE</del>	<del>SANFORD FL 32774</del>
B D	MORTON, STEVE	300 SHEOH BLVD, #509 1016 GAMMAGE Point	WINTER SPRINGS FL 32788 OVIEDO FL 32765
7	HARRISON, MAURICE	123 ROSECLIFF CIRCLE	SANFORD FL 32773
D	Robert Cox	6527 LA JOLLA ST.	ORLANDO FL 32818
			500001753045 -03/21/96--01082--018 *****70.00 *****70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARTINET, GARY**  
**2895 S. ORLANDO DRIVE**  
**SANFORD FL 32773**

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State	Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506. E

**Signature of  
Registered Agent**

REGISTERED AGENT MUST SIGN

Date:

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

(See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:**

*Car, Motorist*

GARY MARTINET

3-20-96

407-322-7622



United Parcel Service  
P.O. BOX 598027  
Orlando FL 32859-8027

March 20, 1996  
Shipper 3221E8  
Page 1 of 1

194 000 000926

ATTN : GLENDA MARTINET  
PHONE : (407) 322-7622

**DELIVERY NOTIFICATION**

**FAX RESPONSE**

INQUIRY FROM: GLENDA MARTINET  
AUTOMATIC CABLE CORP  
2895 S ORLANDO DR  
SANFORD FL 32773

SHIPMENT TO: REGINALD COLSTON  
409 E GAINES ST STE 140  
TALLAHASSEE FL 32301

Shipper Number.....3221E8

Tracking Identification Number...01425269551

According to our records, 1 parcel was delivered on 09/18/95. The shipment was signed for by C HECTOR as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
3221E8	L	01425269551	409 GAINES TALLAHASSEE	C Hector

ATTN: SAM CALDWELL

THANKS FOR YOUR HELP. ENCLOSED IS THE FAX ABOVE FROM UPS SHOWING A C. HECTOR RECEIVING THE "LOST" DOCUMENTS. ALSO, AS I MENTIONED, I AM SENDING THE ONLY PAPER I HAVE TO COVER US FOR THIS YEAR AND HAD INCLUDED THE CURRENT CHARGES AND A CHECK FOR \$70.00. PLEASE SEND CERT OF STATUS. THANKS AGAIN FOR ALL YOUR TIME. -

Randy Moten

ORL2DJG