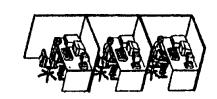
PLEASE READ /	ALL INST	RUCTIONS	BEFORE (	COMPLET	ING THIS FORM.	0	I
APPLICATION FOR FOR FOR FOR FURDA SEPARTMENT OF STATE Katheville Harris Socretar of State				9,	cupro 1 f Paro proj	1064	/
REINSTATEMENT DANSIGHT ORPORATION				The Land Control of the Control of t			
DOCUMENT # <b>P00000111092</b>				OI NOV 13 AM II: 50			
1. Corporation Name				SEGRETARY DESIGNED.			
CUBICAL CONNECTION INC.				TĀ	LEAHASSEE, FLORI	0A -	
Principal Place of Business Mailing Address				-			
P.O. BOX 678216 ORLANDO FL 32867 P.O. BOX 678216 ORLANDO FL 32867							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							.
New Principal Office Address, If Applicable  Suite Ant # etc.	10 Box 390			Date Incorporated or Qualified     To Do Business in Florida     11/29/2000			
Suite, Apt. #, etc.  Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	5. FEI Number Applied For			
Deltona PL	De ton A			105-10U	6. \$8.75 Additional Fee required		
32738 Volusia				CERTIFICATE OF STATUS DESIRED L. for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le  Title(s)  Name of Officers  Street Address of Each Officers  Officers Officers				1	City / State	170-	
			ficer and/or Director		City / State	/ Zip	
Pres Wesley William Pippin 1957 Boringuen				lane	Delton F	L 32738	}
V. Pro John A. Brackett Sus					Orlando F		
1.45 JULY 11- 12/actil 202 1843				31°,	Or largo i	ا ، و معر ی	
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			NATION AND ADMINISTRATION AND AD				
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			(8/01) <sup>(</sup>
BRACKETT, JOHN Street Address (				P.O. Box Number is Not Acceptable)			CR2E040 (8/1
8655 PORT SAID ST ORLANDO FL 32817 Suite, Apt. #,			Suite, Apt. #, Etc.	c.			
City				State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig				plications of Section	ications of Section 607.0505. F.S.		
, and organized agent of the above market comprision, and raminal with and accept the configurations of Section 607.0505, F.S.							
Signature of						;)	
Signature of Registered Agent Date  Date  Date							
11. 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 filling 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 shalf have the same legal effect as if made under oath.							·
SIGNATURE: Wellig Welligger of State of Date Daytime Phone #							





## Cubical Connection, Inc. Po Box 390158, Deltona, FL. 32739-0158 Phone (386) 532-9318 Fax (386) 532-9381

**November 8, 2001** 

Florida Department of State Po Box 6327 Tallahassee, FL. 32314-6327

To Whom It May Concern:

We are enclosing a check in the amount of \$150.00 to reinstate our business license. This is the first notice we have received.

We applied for a license in November 2000. We filed for the Federal ID # at the same time. The IRS lost our paperwork and it took until March 2001 to get the number. The postal service was returning our mail from March thru July. We did not know this until a client called to say something was returned to them. We then contacted the USPS and got this matter corrected. We did not start doing any business until the middle of June, 2001 and our first income was July 2001.

We would greatly appreciate you reinstating our business and if someone could advise me of the schedule of the filing of the names of the paperwork that is required for the State of Florida. If you have any questions please contact me at 386-532-9318. Thank you for your assistance in this very important manner.

Cordially,

Maureen J. Pippin

Office Manager

Cc: File