

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111092

1. Corporation Name

CUBICAL CONNECTION INC.

Principal Place of Business

Mailing Address

1957 BORINQUEN LANE

DELTONA FL 32738

8655 PORT SAID ST.

ORLANDO, FL 32817

P.O. BOX 330150

DELTONA FL 32738

ORLANDO, FL 32817



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

2. New Principal Office Address, If Applicable

8655 PORT SAID ST.

Suite, Apt. #, etc.

City & State
ORLANDO FL

Zip
32817

Country
U.S.A

3. New Mailing Office Address, If Applicable

P.O. Box 678216

Suite, Apt. #, etc.

City & State
ORLANDO FL

Zip
32817

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

5. FEI Number

65-1069866

Applied For

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | PIPPIN, WESLEY W | 1957 BORINQUEN LANE | DELTONA FL 32738 |
| VP | BRACKETT, JOHN A | 8655 PORT SAID STREET | ORLANDO FL 32817 |
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8000008810708
11/05/02--01094--004 **150.00

8. Name and Address of Current Registered Agent

BRACKETT, JOHN
8655 PORT SAID ST
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 30 OCT 02

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 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., 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 shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 OCT 02

Date

Daytime Phone #

407-925-2466

Cubical Connection, Inc.
PO Box 678216
ORLANDO, FL 32867
PHONE (1-888-672-9015)
Fax (1-800-318-1836)

October 30, 2002

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

To Whom It May Concern,

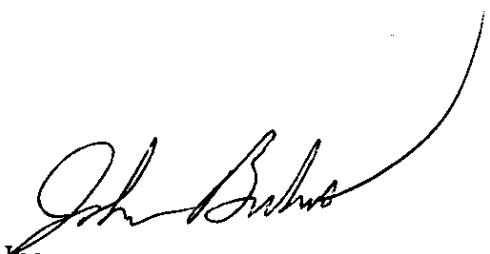
Re: Account

We have received a letter of dissolution for our company, which we feel this was in error due to we recently relocated back in March 2002 and did not receive any of your notices. We apologize for any confusion, new addresses are included with this letter of reinstatement along with the payment.

Thank you for your prompt attention to this matter.

Sincerely,

JOHN BRACKETT
VP
Cubical Connection, Inc.

A handwritten signature in black ink, appearing to read "John Brackett", with a long, sweeping flourish extending upwards and to the right.