

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006729

1. Corporation Name

Connector Installers of Florida Corp.
253 Loma Bonita

100011994121
02/07/03--01081--008 **950.00

REINSTATEMENT

02-03

2. Principal Office Address

253 Loma Bonita

3. Mailing Office Address

252 Loma Bonita

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davenport, Fl

City & State

Davenport, Fl

Zip

33837

Country

Zip

33837

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3692037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Avonce

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

253 Loma Bonita

Suite, Apt. #, Etc.

City

Davenport

State
FL

Zip Code
33837

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

Signature of
Registered Agent

Carlos Avonce

REGISTERED AGENT MUST SIGN

Date

1/31/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Carlos Avonce	253 Loma Bonita	Davenport, Fl 33837
V/D	Sanjuana Rodriguez	253 Loma Bonita	Davenport, Fl 33837

10. 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:

Carlos Avonce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/03

CR2E081 (10/02)