

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000020786**

1. Corporation Name

VETERANS CABLING & COMMUNICATIONS INC.

Principal Place of Business

1568 W. 24 ST.
RIVIERA BEACH FL 33404

Mailing Address

1568 W. 24 ST.
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, If Applicable

1300 w 10th Street

Suite, Apt. #, etc.

City & State

Riviera Bch, FL

Zip

33404

Country
United States

3. New Mailing Office Address, If Applicable

P.O. Box 11702

Suite, Apt. #, etc.

City & State

Riviera Beach, FL 33419

Zip

33419

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

65-1081808

☒ 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	WILLIAMS, ZEILDER E	1568 W. 24 ST. 1300 w 10th St.	RIVIERA BEACH FL 33404

8. Name and Address of Current Registered Agent

WILLIAMS, ZEILDER E

~~1568 W. 24 ST.~~ **1300 w 10th Street**

RIVIERA BEACH FL 33404

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

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 **12-12-03**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zeilder Elker Williams
Date **12-12-03**

561 385-0333
Daytime Phone #

CR2E040 (8/02)