

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 28 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

901000038918

1. Corporation Name

CABLE SYSTEMS CONTRACTING, INC

2. Principal Office Address

247 SW 8TH ST

Suite, Apt. #, etc.

PMB 177

City & State

MIAMI FL

Zip

33130

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11 APRIL 4, 2001

5. FEI Number

65-1104210

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

GEORGE BEFELER, ESQ.

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

80 SOUTHWEST 8TH ST

Suite, Apt. #, Etc.

SUITE 3100

City

MIAMI

State

FL

Zip Code

33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 4/24/03

REGISTERED AGENT MUST SIGN

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
D	LEWIS SCHWARTZ	333 UNIVERSITY DR APT 215	CORAL GABLES, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS SCHWARTZ

4-23-03

Date

305-710-8971

Daytime Phone #

CR2E081 (10/02)

js 4/29