

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 -8 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000076359

1. Corporation Name

ACCESS CABLE TRAYS, INC.

Principal Place of Business

1073 79TH ST S
ST PETERSBURG FL 33707

Mailing Address

1073 79TH ST S
ST PETERSBURG FL 33707

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2001

5. FEI Number

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
D	SIMMONS, GEORGE E	1073 79TH ST S	ST PETERSBURG FL 33707

100008889731
11/08/02--01072--001 **150.00

8. Name and Address of Current Registered Agent

~~MALLER, KEVIN J ESQ.
1135 PASADENA AVE S STE #260
ST PETERSBURG FL 33707~~

9. Name and Address of New Registered Agent

Name

JOANNE SIMMONS

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

1093 - 79th ST. S

Suite, Apt. #, Etc.

ST. PETERSBURG, FL

City

State

FL

Zip Code

33707

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

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

Date

Daytime Phone #

727-381-2343

11/5/2002

CR20040 (8/02)



Access Cable Trays, Inc.

Cable Tray Systems for Access Flooring

To: Jim Smith Secretary Of State
From: George Simmons President Access Cable Trays Inc.

To Whom it My Concern.

This is to advise that we did not receive the UBR notice as required.
Please see our application for reinstatement and our Check for \$150.00.

Should you have any questions please call.


George Simmons President