

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000058145

1. Entity Name
LOW VOLTAGE COMMUNICATION, INC.



Principal Place of Business
13380 SW 128 ST
MIAMI, FL 33186

Mailing Address
13380 SW 128 ST
MIAMI, FL 33186

2. Principal Place of Business
2208 SW 137 CT
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33175
Country

City & State
Same
Zip
Country

03112005 REIN-P CR2E098 (6/04)

4. FEI Number
45-0515815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLONTES, ISBEL
13380 SW 128 ST
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
Isbel Collantes
Street Address (P.O. Box Number is Not Acceptable)
2208 SW 137 CT
City
Miami FL Zip Code
33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME COLLONTES, ISBEL
STREET ADDRESS 13380 SW 128 ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME Isbel Collantes
STREET ADDRESS 2208 SW 137 CT
CITY-ST-ZIP Miami, FL, 33175

TITLE ☐ Change ☐ Addition
NAME 300048992223
STREET ADDRESS 03/23/05--01034--022 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #