

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000038295

1. Entity Name
COP UNDERGROUND COMMUNICATION CORP



FILED

07 JAN -3 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3428 SW 26TH ST
OCALA, FL 34474

Mailing Address
3428 SW 26TH ST
OCALA, FL 34474

2. Principal Place of Business

2355 Robert D. Rd.
Suite, Apt. #, etc.

3. Mailing Address

2355 Robert D. Rd.
Suite, Apt. #, etc.



12272006 REIN-P CR2E098 (11/05) 06

REINSTATEMENT
4. FCI Number 687-01-5901 Applied For Not Applicable

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

City & State

Mount Dora, Florida
32757 Lake

City & State

Mount Dora, Florida
32757 Lake

6. Name and Address of Current Registered Agent

OMAR-PENA, CARLOS
3428 SW 26TH ST
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name Peña de Jesus, Carlos Omar
Street Address (P.O. Box Number is Not Acceptable)

2355 Robert D. Rd.

City Mount Dora

FL

Zip Code 32757

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)

DATE

12.27.06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$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 P
NAME OMAR-PENA, CARLOS ☐ Delete
STREET ADDRESS 3428 SW 26TH ST
CITY-ST-ZIP Ocala, FL 34474

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 P ☒ Change ☐ Addition
NAME Peña de Jesus, Carlos Omar
STREET ADDRESS 2355 Robert D. Rd.
CITY-ST-ZIP Mount Dora, Florida 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200083010442
CITY-ST-ZIP 01/03/07--01062--005 **158.75

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 exemptions contained in Chapter 119, 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

12.27.06 (352)383-2422
Date Daytime Phone #

B. Michael JAN 3 2007