PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800414330978
08/21/23--01029--001 **2850.00

DOCUMENT # P39775

1. Corporation Name

Cen-Signal SSC Services, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2033 Hamilton Road	same as principal address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Columbus, Georgia	City & State
Zip: 31904 Country: USA	Zip Country

CR2E091 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10-31-1977

5. FEI Number: 58-1305595 ☐ 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: C T Corporation System/Christine Kelm

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Planation State: FL Zip Code: 33324

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: Christine Kelm Assistant Secretary

REGISTERED AGENT MUST SIGN

Date: 08-15-2023

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
P	Betty J Davenport	2033 Hamilton Road	Columbus, GA 31904
COO/S	Jeffery Wayne Bennett	2033 Hamilton Road	Columbus, GA 31094

10. E-mail Address: slarmadmin@censignal.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeffery Wayne Bennett Jeffery Wayne Bennett 08-15-2023 706-587-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AUG 21 2023