

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P40172			
1. Corporation Name  VIRTEK CABLE CONTRACTORS, INC.			
2. Principal Office Address 5121 BOWDEN ROAD Suite, Apt. #, etc. SUITE 107 City & State JACKSONVILLE, FL Zip 32216		3. Mailing Office Address P.O. BOX 57430 Suite, Apt. #, etc. City & State JACKSONVILLE, FL Zip 32241	
		4. Date Incorporated or Qualified To Do Business in Florida 01/01/90	
		5. FEI Number 43-1534545	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name GRIMM, ELLEN			
Street Address (P.O. Box Number is Not Acceptable) 4926 SAN CLERC ROAD			
Suite, Apt. #, Etc.			
City JACKSONVILLE		State FL	Zip Code 32217
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 <i>Ellen Grimm</i>		Date 10/23/01	
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
PCD	VIRGIN, LISA	5121 BOWDEN ROAD, #107	JACKSONVILLE, FL 32216
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: <i>Lisa Virgin</i>		Date 10/23/01	Daytime Phone # 904-739-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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