


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000005746			
1. Corporation Name BREVARD CABLE INSTALLATIONS, INC.			
2. Principal Office Address 30 E. LAURIE ST Suite, Apt. #, etc. City & State MELBOURNE FL Zip 32935 Country USA		3. Mailing Office Address P.O. BOX 500495-684 Suite, Apt. #, etc. City & State MALABAR FL Zip 32950 Country USA	

FILED

01 SEP 24 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-01

4. Date Incorporated or Qualified To Do Business in Florida 11-16-92	
5. FEI Number 59-3149655	Applied For Not Applicable
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 PAUL P. WAWRO	900004617569-2 -10/01/01--01030--030 ***1350.00 ***1350.00
Street Address (P.O. Box Number is Not Acceptable) 980 FALLS TRAIL Suite, Apt. #, Etc. LS	
City MALABAR	State FL Zip Code 32950

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 Paul P Wawro **REGISTERED AGENT MUST SIGN** **Date** 9/12/01

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
PRES.	PAUL P WAWRO	980 FALLS TRAIL	MALABAR FL 32950

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: Paul P Wawro **9/12/01** **321 984 3898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #