

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000018936**

1. Corporation Name

ON-LINE CABLING SYSTEMS, INC.

Principal Place of Business

20052 NE 15TH CT.
N. MIAMI BEACH FL 33179

Mailing Address

20052 NE 15TH CT.
N. MIAMI BEACH FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1993

5. FEI Number

05-0388637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HENEGAR, BILL C	20052 NE 15TH CT.	N. MIAMI BEACH FL 33179
VP	COX-HENEGAR, WALLIS	1315 NE 204TH TERRACE	N. MIAMI BEACH FL
S	COX-HENEGAR, WALLIS	1315 NE 204TH TERRACE	N. MIAMI BEACH FL
T	HENEGAR, BILL C.	1315 NE 204TH TERRACE	N. MIAMI BEACH FL

400002006954--4
-11/18/96--01016--016
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

HENEGAR, BILL C
20052 NE 15TH CT.
N. MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number) 400002006954--4

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(ii), 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:

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9/20/96 (305) 652-1604

FILED
95 NOV 12 AM 10 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1996
MAY 15 1996