

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -2 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088289

1. Corporation Name

COMMUNICATIONS SUPPORT SERVICES, INC.

2. Principal Office Address

4710 BISCAYNE BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

880

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33137

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06 DEC 94

5. FEI Number

65-0599446

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

JONATHAN LIEBERMAN

Street Address (P.O. Box Number is Not Acceptable)

4710 BISCAYNE BLVD.

Suite, Apt. #, Etc.

880

City

MIAMI

State

FL

Zip Code

33137

800005507738--4
-05/14/02--0101--019
****908.75 ****908.75

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

REGISTERED AGENT MUST SIGN

Date

4/29/02

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
PED	JONATHAN LIEBERMAN	4710 BISCAYNE BLVD. SUITE 880	MIAMI, FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (306)
513-5300

Date

Daytime Phone # X104

CR2E081 (9/01)