

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000003840**

1. Corporation Name

**COMMUNICATION SUPPORT, INC.**

Principal Place of Business

15001 NW 42 AVE. SUITE 110  
OPA LOCKA FL 33054-2310

Mailing Address

15001 NW 42 AVE. SUITE 110  
OPA LOCKA FL 33054-2310

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1995

Suite, Apt. #, etc.

3901 NW 145th, Bldg 147

Suite, Apt. #, etc.

3901 NW 145th, Bldg. 147

City & State

OPA-LOCKA, Florida

City & State

OPA-LOCKA, Florida

Zip

33054

Country

USA

Zip

33054

Country

USA

5. FEI Number

N/A

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
PSD	GONZALEZ, ELEAZAR	1211 SW 178TH WAY	PEMBROKE PINES FL 33029
V	CANNON, RUTH ANNA	1528 N.E. 17TH WAY	FT. LAUDERDALE FL 33304

700002009407--7  
-11/20/96--01027--023  
\*\*\*375.00 \*\*\*375.00

JB/HB-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, AMY  
4000 W. 11TH LANE  
HALEAH FL 33012

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/10/96

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96 (305) 769-9492  
Date Daytime Phone