

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 21 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P95000021340**

1. Corporation Name

**ATLANTIC CABLE WORKS, INC.**

Principal Place of Business

1204 SW 39TH AVE  
VERO BEACH FL 32968

Mailing Address

1204 SW 39TH AVE  
VERO BEACH FL 32968



**REINSTATEMENT**

*9600*

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

03/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0570934

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

8. 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	BENDER, CAROL	1204 SE 39TH AVE	VERO BEACH FL 32968
D	JACOBS, JOHN J	1204 SW 39TH AVE	VERO BEACH FL 32968

000002014570-2  
-11/26/96-01107-029  
\*\*\*\*375:00 \*\*\*\*375:00

8. Name and Address of Current Registered Agent

KEANE, GREGORY G  
900 E OCEAN BLVD  
SUITE 244  
STUART FL 34984

9. Name and Address of New Registered Agent

Name **JAMES STEELE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1204 S.W. 39TH AVE**  
Suite, Apt. #, Etc.  
City **VERO BEACH** State **FL** Zip Code **32968**

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]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **NOV 18, 1996**

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

*Nov. 18, 96*

Date

Daytime Phone