98000021944 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
1998 NOV 23 PM 2:
SECRETARY OF STAT
TALLAHASSEE, FLORI

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000020604

1. Corporation Name
CABLE NETWORKING SOLUTIONS, INC.

Principal Place of Business
1240 NE 206 St.
N. MIAMI FL 33179

Mailing Address

REINSTATEMENT '98

SCC 11-23-98

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 3/6/97

5. FEI Number 65-0741107 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILFREDO AGUILAR	13880 NW 4 AV.	MIAMI FL 33168

8. Name and Address of Current Registered Agent
JEAN K. FROMETA
1240 NE 206 St.
N. MIAMI FL 33179

9. Name and Address of New Registered Agent
Name: Francisco R. Ballestero
Street Address (P.O. Box Number is Not Acceptable): 1240 NE 206th St.
Suite, Apt. #, Etc.:
City: N. Miami | State: FL | Zip Code: 33179

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 _____ Date 11/19/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: X WILFREDO AGUILAR 11/18/98 (305) 651-5471
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Wilfredo Aguilar 13880 NW 4th ave Miami, Fl 33168 (305) 651-5471

Florida Department of State

Division of Corporations

Public Access System

Sandra B. Mortham, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CABLE NETWORKING SOLUTIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75