


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 11 PM 1:58

DOCUMENT # **P97000027401**  
 1. Corporation Name  
**PENTACLE/FLORIDA, INC.**

|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| EMANUEL N. LOGOTHETIS<br>533 SOUTH COUNTRY CLUB RD<br>ATLANTIS FL 33462 | EMANUEL N. LOGOTHETIS<br>533 SOUTH COUNTRY CLUB RD<br>ATLANTIS FL 33462 |



REINSTATEMENT 01  
 08-16-01 April 009 3:50-01

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                                      |

**Kable Engineering Corp.**  
**25 DeForest Ave**  
**Summit NJ**  
**07436 USA**

|   |  |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 03/26/1997   |
| 5. FEI Number   | 22-3571964   |
| Applied For   | Not Applicable   |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   | \$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) |                                     |  |   |
|---|-------------------------------------|--|---|
| 1 Title(s)  | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip  |
| P   | LOGOTHETIS, EMANUEL N               | 533 SOUTH COUNTRY CLUB RD                        | ATLANTIS FL 33462   |
| S   | LOGOTHETIS, JULIE                   | 7 LAUREL AVE<br>Laurel                           | SUMMIT NJ 07901   |
|   |                                     |  | 700004733947--1<br>-12/20/01--01024--007<br>****500.00 ****500.00 |
|   |                                     |  | JK 12/17  |

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

9. Name and Address of New Registered Agent

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 Denise Maestre Denise Maestre Date 12-5-01  
 REGISTERED AGENT MUST SIGN

11. 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: Julie Logothetis Julie Logothetis Date 11-29-01 908-548-1140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (801)