

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000104032

1. Corporation Name

CENTRAL COMMUNICATIONS INSTALLERS, INC.

Principal Place of Business

Mailing Address

805 NE 7 TERR  
CAPE CORAL FL 33909

805 NE 7 TERR  
CAPE CORAL FL 33909

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

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1998

5. FEI Number

65-0882261

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip   |
|---------------|---|--|---|
| D             | CULVER, ROGER                             | 805 NE 7 TERR  | CAPE CORAL FL 33909   |
| D             | CULVER, DENNIS                            | 805 NE 7 TERR  | CAPE CORAL FL 33909   |
|               |   |  | 200004669282--6<br>-11/06/01--01071--001<br>****150.00 ****150.00 |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CULVER, ROGER  
805 NE 7 TERR  
CAPE CORAL FL 33909

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROGER CULVER

Date

Daytime Phone #

10-17-01

941-772-7717



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## Central Communications Installers, Inc.

805-N.E. 7<sup>th</sup> Terrace Cane Coral, FL 33909

Phone (941) 772-7717 Fax (941) 772-5962

Email: centralcmm@aol.com

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October 18, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

Enclosed please find my check for \$150.00 for the 2001 Corporate Annual Report. I respectfully request that you abate the other fees charged. It was not my intent to not file or remit the necessary form or fee, however, I did not receive the initial Annual Report form to file, nor did I receive any further correspondence or reminders of such. In my hectic and busy day to day conducting of business, I simply did not remember that this form needed to be filed, and with no form having been received, it was simply a case of "out of sight, out of mind". I have now taken steps to assure that this is not overlooked in the future.

Thank you for your consideration.

Very truly yours,

*Roger Culver*  
Roger Culver