## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE ST

**APPLICATION FOR** 



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P98000104032 **DOCUMENT #** 

1. Corporation Name

CENTRAL COMMUNICATIONS INSTALLERS, INC.

Principal Place of Business	ò

Mailing Address

805 NE 7 TERR CAPE CORAL FL 33909

CAPE CORAL FL 33909

805 NE 7 TERR

FILED 01 OCT 22 PM 5: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



								11.35	
				ing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 12/14/1998			
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			F FFIN		
City & State			City & State			EE_00000E1		Applied For  Not Applicable	
Zip	Zip Country			Zip Counts		6. CERTIFICATE		Additional Fee required a Certificate of Status	
7. Names	and Street Ad	dresses of Each Office	er and/or Director (Flo	rida nonprofit corpo	rations must list at le	ast 3 directors)			
Title(š) 1	Title(\$) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	CULVER, ROGER			805 NE 7 TERR		-	CAPE CORAL FL 33909		
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<sup>6</sup> £							*****130.00 *	****13 <b>0.</b> 00 @	1
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	8. Nam	e and Address of Cu	rrent Registered Age	nt		9. Name and A	ddress of New Registered Ag	ent	
CULVER, ROGER 805 NE 7 TERR CAPE CORAL FL 33909					Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				CHZEU40 (8/01)
OAFE CONAL FE 30303				52.15, 7 \$1. 17 \$15.					

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.

City

SIGNATURE:

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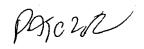
Signature of Registered Ag

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 REQUIRED

REGISTERED AGENT MUST SIGN

Zip Code





## Central Communications Installers, Inc.

805-N.E. 7th Terrace Cane Coral. FL 33909 Phone (941) 772-7717 Fax (941) 772-5962 Email: centralcmm@aol.com

October 18, 2001

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

## Gentlemen:

Enclosed please fine 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,

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