

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 26 PM 3:39

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021169

1. Corporation Name

CCS Cable T.V. Contractors, Inc.

REINSTATEMENT  
CR2E081 (12/05)

04-06

2. Principal Office Address

1120 Romney St

Suite, Apt. #, etc.

3. Mailing Office Address

1120 Romney St

Suite, Apt. #, etc.

#1

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

U.S.A.

Zip

32211

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

March 8 1999

5. FEI Number

59-3564663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Billy Mark Austin

Street Address (P.O. Box Number is Not Acceptable)

5424 Oliver Street South

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Billy Mark Austin

REGISTERED AGENT MUST SIGN

Date

9-22-06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BILLY MARK AUSTIN	5424 Oliver Street South	Jacksonville Florida 32211
V-PRES	CHARLES A. FOUNTAIN	11869 Water Bluff Ln W.	Jacksonville FL 32218
TREAS	FRANK J FOERSTEL	3203 VINWOOD LN	Jacksonville FL 32277

500080180415  
09/25/06--01038--016 \*\*450.00

10. 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 contained in Chapter 119, 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:

Billy Mark Austin

Billy Mark Austin

9-22-06 (904) 759-3409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

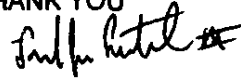
2022

CCS CABLE TV CONTRACTORS  
1120 ROMNEY ST. SUITE 1  
JACKSONVILLE, FL 32211

WE RESPECTFULLY REQUEST THAT OUR REINSTATEMENT FEE BE WAIVED

WE DID NOT RECEIVE OUR ANNUAL REPORT NOTICES, WE HAVE MOVED TWICE  
IN THE LAST 2 YEARS

THANK YOU



FRANK FOERSTEL  
CCS CABLE TV CONTRACTORS