

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 SEP 25 PM 1:54  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071756

1. Corporation Name

Central Communications Services, Inc

2. Principal Office Address - No P.O. Box #  
319 Riveredge Blvd.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
210

Suite, Apt. #, etc.

City & State  
Cocoa, FL

City & State

Zip  
32922

Country  
Brevard

Zip

Country

REINSTATEMENT 04-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 08/12/1999

5. FEI Number  
65-0941060

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  
Frank Sullivan

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

Suite, Apt. #, Etc.  
210

City  
Cocoa

State Zip Code  
FL 32922

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Sullivan*

REGISTERED AGENT MUST SIGN

Date 9/24/07

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
P	Lolleta Cohen	319 Riveredge Blvd. #210	Cocoa, FL 32922

500109894525  
09/25/07--01034--013 \*\*\$00.00

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:

*L Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/07 (321) 636-6807

Date

Daytime Phone #