

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -3 PM 8:24

DOCUMENT # **P99000071756**

1. Corporation Name

CENTRAL COMMUNICATIONS SERVICES, INC.

2. Principal Office Address

2880 W. OAKLAND PK BLVD.

Suite, Apt. #, etc.

225

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/12/99

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

MAXITO PEAN

700013284947

03/03/03--01002--019 **150.00

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

2880 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

225

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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

[Signature]

Date **02/25/03**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	MAXITO PEAN	2880 W. OAKLAND PK. BLVD.	FT. LAUDERDALE, FL 33311
V.P.	MAXIME JEAN-LOUIS	2880 W. OAKLAND PK. BLVD	FT. LAUDERDALE, FL 33311

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 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

[Signature] MAXITO PEAN

Date

02/25/03 (954)653-0610

Daytime Phone #