

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.**

3. Mailing Office Address

Suite, Apt. #, etc.  
**225**

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

City & State

Zip  
**33311**

Country  
**U.S.A.**

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]*

REGISTERED AGENT MUST SIGN

Date **02/25/03**

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]* **MAXITO PEAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/25/03 (954)653-0610**  
Date Daytime Phone #

CR2E081 (9/01)