


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P99000089039**

1. Corporation Name

JAMAR CABLING SYSTEMS, INC.

Principal Place of Business

Mailing Address

3413 REMINGTON RUN
TALLAHASSEE FL 32312

3413 REMINGTON RUN
TALLAHASSEE FL 32312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

853 KINGSWAY Rd.
TALLAHASSEE, FL
32301 USA

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1999

5. FEI Number

59-3601618

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/H/S	MARK M. SKOVERA	853 KINGSWAY Rd.	TALLAHASSEE, FL 32301
V	JASON A. GOULD	3413 REMINGTON RUN	TALLAHASSEE, FL 32312

400003472274--0
-11/21/00--01033--008
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOULD, JASON A
3413 REMINGTON RUN
TALLAHASSEE FL 32312

Name

MARK M. SKOVERA

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

853 KINGSWAY Rd.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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 of Registered Agent

Mark M. Skovera **SIGNATURE REQUIRED**

Date 10/30/00

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Mark M. Skovera **MARK M. SKOVERA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/00

Daytime Phone #

980-5796

KE