

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S38043

1. Corporation Name

LEE'S CABLE CONTRACTOR, INC.

Principal Place of Business

4199 DRAWDY ROAD  
PLANT CITY FL 33567  
US

Mailing Address

4199 DRAWDY ROAD  
PLANT CITY FL 33567  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3172

City & State

City & State

Plant City, FL

Zip

Country

Zip

Country

33563

US

5. FEI Number

59-3086653

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
D	LEE, DENVER	<del>4199 DRAWDY BLVD</del> 4199 Drawdy Road	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent

LEE, DENVER  
4199 DRAWDY-BLVD Road  
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Denver* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/23/03

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:

*Denver* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/03

Daytime Phone #

CR2E040 (8/02)

**Lee's Cable Contractor, Inc.**  
**4199 Drawdy Rd.**  
**Plant City, FL 33567**  
**(813)752-2082**  
**(813)754-4938**

January 22, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

SUBJECT: S38043

Enclosed please find a completed reinstatement form and a check for \$300.00 to return my corporation to active status. I am requesting that the Division waive the additional reinstatement fees because I did not receive the two prior notices. I have had trouble with my mailbox being tampered with for some time now. I have opened a post office box to eliminate this happening in the future. The new P.O. Box address is listed below. Please send all future correspondence to this address.

Denver Lee  
Lee's Cable Contractor, Inc.  
P.O. Box 3172  
Plant City, FL 33563-0003

Thank you for your cooperation in this matter.

Sincerely,

*Denver Lee*

Denver Lee  
DL/fl

Enclosures (2)