PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



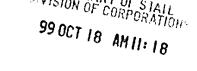
FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name PCP/COMMUNICATIONS CONTRACTORS INC.



Principal Place of Business		Mailing Address			1			
4460 MEADOWOOD DR.		4460 MEADOWOOD DR.				HE HE STATE OF STATE) (
			RY FL 33860					
				ř		san santa antia third scadt sait bil	int mant miller Ardie Arder Båller illint	
				ľ	TEINS	TATEMEN	T 06	
If ahove a	addresses are incorrect in any way, line	through incorrect	information a					
			ling Office Address, If Applicable		4 Date incom	noveted or Quelified		
			4 F		To Do Busi	porated or Qualified Ineas in Florida	10/14/1991	
Suite, Apt. #, etc. Suite,		Suite, Apt.	ite, Apt. #, etc.				10/14/1001	
					5. FEI Numbe		Applied For	
City & State		City & State	City & State			59-3097073	Not Applicable	
Zip Country		Zip	Zip Country		6. SERVICIONALE OF CANADIA DESIGNED IN \$8.75 Additional fee required			
Zip	Country	Ziβ		Country	CERTIFICAT	TE OF STATUS DESIRED [7]	for a Certificate of Status	
* **				\				
7. Names	and Street Addresses of Each Officer at Name of Officers	and/or Director (F	iorias nonpror			T'		
Title(s)	and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
1			3		·····	4		
P	PIPER, PATRICK C.		4460 MEADOWOOD DR.			MULBERRY FL		
			<u> </u>					
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			6000030230365					
					-10/22/99 -01118 010			
						****758	75 ****758.75	
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						1 00 1 14/AS	.\	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
				Name		 		
PIPER, PATRICK C.								
4460 MEADOWOOD FT.				Street Address (P.O. Box Number is Not Acceptable)				
MULBERRY FL 33860								
MULULINIT FL 33000				Suite, Apt. #, Etc.				
				City		1 2	State Zip Code	
				5 ,		4	FL	
10. I, bein	g appointed the registered agent of the	above named cor	poration, am f	smiliar with and accept the o	bligations of Sec			
Signature o	of Wet - 1. 1	2 Di-	7 H	7 1 1 1 1 3 1 1 5 h		601.	2/22	
Registered	Agent Falluck C	DECISION A	GENT MUST	NGN SIGN		Date	5/44	

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 filling 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.