

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V73267

1. Corporation Name

COMMUNICATION SERVICES OF MIAMI, INC.

2. Principal Office Address

12435 SW 143 LN

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33186

Zip

33186

Country

USA

3. Mailing Office Address

P.O. BOX 771373

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33177

Zip

33177

Country

USA

FILED

04 MAR 10 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000030245020

03/10/04--01068--009 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/92

5. FEI Number

65-0364925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE M. NOY, JR

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

12435 SW 143 LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date 3-1-04

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
PDCD	JOSE M. NOY, JR	12435 SW 143 LN	MIAMI, FL 33186

REINSTATEMENT 03-04

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)(g), 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

3-1-04

Date

786 306 0470

Daytime Phone #