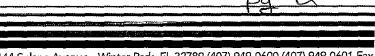
1 - 4		AD ALLINGT	PLICTIONS	BEEODE C	OMDIET	ING THIS EODM A		
	PLICATION FOR STATEMENT		Sirting Barror	tate	FILED			
DOC	JMENT# <b>H5</b> 6	5987			98 NOV 25 PM 12: 05			
1. Corporation Name					SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
KEYCOM TELEPHONE SYSTEMS, INC.					 			
Principal Place of Business Mailing Address				<u> </u>	) 1 1001041 <b>9</b> 10	)	: NIGH #18H B1b12 (88)	
1144 SOLAN -PO BOX-190 WINTER PAI US	····-	PO BOX 1965						
If above addresses are incorrect in any way, line through incorre  2. New Principal Office Address, If Applicable  3. New M			t information and enter correction below. ailing Office Address, if Applicable		Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			05/15	/1985 Applied For	
City & State	3	City & State			6.	59-2545840	Not Applicable	
Zip Country Zip			Country	<i>'</i>	6. CERTIFICATE OF STATUS DESIRED 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)  Name of Officers  Street Address of Each								
Title(s)	and/or Directors Off 3 (Do NOT Use			icer and/or Director Post Office Box Nu	City / State / Zip			
PD	WELCH, DARRELL 1144 SOLANA AV			Æ	WINTER PARK FL			
ST <sup>*</sup>	WELCH, ROBERTA 1144 SOLANA AV			/E.	WINTER PARK FL			
				3000027038030. -12/04/9801107002 ****150.00 *****150.00				
	<u> </u>		The second secon		******130,80			
·								
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				
WELCH. DARRELL N.				Street Address (P.O. Box Number is Not Acceptable)  Suite Ant # Ftc				
1144 SOLANA AVE. WINTER PARK FL 32789				Suite, Apt. #, Etc.				
				City	State 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.  Signature of Registered Agent Date  REGISTERED AGENT MUST SIGN								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No (See other side for information on intangible tax.)								
1   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 individual on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPESTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #								





1144 Solana Avenue - Winter Park, FL 32789 (407) 949-0600 (407) 949-0601 Fax

November 23, 1998

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir/Madam,

This letter is in regards to the telephone conversation I had with Mr. Sammy Caldwell in your office today regarding the reinstatement of our company. I explained to Mr. Caldwell that our company never received the 1998 Annual Report, nor did we receive the second notice. I further explained to Mr. Caldwell that the address on the Notice of Administrative Dissolution had our old Post Office Box address, which was crossed through, and that the Post Office delivered the notice to our street address last Friday.

As per Mr. Caldwell's instructions, I am enclosing a check in the amount of \$150 along with the Application for Reinstatement.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Nancy A. Balintfy General Manager

/nab **Enclosures**