

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
98AR
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H56987

1. Corporation Name

KEYCOM TELEPHONE SYSTEMS, INC.

Principal Place of Business

Mailing Address

1144 SOLANA AVE
~~PO BOX 1965~~
WINTER PARK FL 32789
US

1144 SOLANA AVE
~~PO BOX 1965~~
WINTER PARK FL 32789
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1985

5. FEI Number

59-2545840

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WELCH, DARRELL	1144 SOLANA AVE	WINTER PARK FL
ST	WELCH, ROBERTA	1144 SOLANA AVE.	WINTER PARK FL
			300002703803--0
			-12/04/98-01107-002
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELCH, DARRELL N.
1144 SOLANA AVE.
WINTER PARK FL 32789

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

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.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Darrell N. Welch

Date

Daytime Phone #

11/23/98 407-949-0600

CR2E040 (9/98)



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

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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,

A handwritten signature in black ink, appearing to read 'Nancy A. Balintfy', is written over a horizontal line. The signature is fluid and cursive.

Nancy A. Balintfy
General Manager

/nab
Enclosures