

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
98 OCT 23 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M86839**

1. Corporation Name
Centercom-South, Inc.

Principal Place of Business Mailing Address
**4710 Eisenhower Blvd.
Suite A-4
Tampa, FL 33634**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5050 West 78th St.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida **6/24/88**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2900353

Applied For

Not Applicable

City & State
Minneapolis, MN

City & State

Zip Country
55435

Zip Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	M. Charles Reinhart	5050 West 78th St.	Minneapolis, MN 55435

100002674131--3
-10/29/98 01031-022
***1200.00 ***1200.00

[Signature] 10/23

8. Name and Address of Current Registered Agent

**Craig M. Neuman
4710 Eisenhower Blvd.
Suite A-4
Tampa, FL 33634**

9. Name and Address of New Registered Agent

Name
Ken Cheek
Street Address (P.O. Box Number is Not Acceptable)
4710 Eisenhower Blvd.
Suite, Apt. #, Etc.
Suite A-4
City
Tampa State **FL** Zip Code **33634**

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]*
REGISTERED AGENT MUST SIGN

Date **10-2-98**

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: *M. Charles Reinhart* (**M. CHARLES REINHART**) **10-19-98** **612-832-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #