

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000000104

1. Corporation Name
GENERAL PAGING OF FLORIDA, INC.

FILED
97 MAR 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable 8575 W 110 th ST Suite, Apt. # etc * 230 City & State OVERLAND PARK, KS Zip 66210 Country	3. New Mailing Office Address, If Applicable 11604 TOMAHAWK CREEK PKWY Suite, Apt. #, etc APT J City & State LEAWOOD, KS. 66211 Zip 66211 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 1-8-96	5. FEI Number 65-0630329	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			\$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
P/D	ROBERT I. CLAUSEN	3251 PINETREE DRIVE COLUMBIA, MO 65201	COLUMBIA, MO. 65201
S/H/D	JAMES J. LLOYD	11604 TOMAHAWK CREEK PKWY APT J	LEAWOOD, KS. 66211
			200002117512--8 -03/19/97--01013--003 ****913.75 ****913.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name DAVID BLEHSCHMIDT
Street Address (P.O. Box Number is Not Acceptable) 3841 11 th AVE SW
Suite, Apt. #, Etc.
City NAPLES
State FL
Zip Code 33964

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 *David R. Blehschmidt*
REGISTERED AGENT MUST SIGN

Date *3/14/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *James J. Lloyd*

JAMES J. LLOYD

3/13/97

913-696-1996
Date Daytime Phone #

CR2E040 (1/2/96)