

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

97 OCT 29 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000062056**

1. Corporation Name
TALLAHASSEE MEMORIAL TELEPHONE COMPANY

Principal Place of Business 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308	Mailing Address 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308
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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input 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
PD	MOORE, DUNCAN	1300 MICCOSUKEE ROAD	TALLAHASSEE FL 32308
VSTD	GUIDICE, WILLIAM A	1300 MICCOSUKEE ROAD	TALLAHASSEE FL 32308
D	MCDANIEL, JERRY L	802 HILLCREST	TALLAHASSEE FL 32308
			7000002335557--4 -10/31/97--01108--002 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DAVIS, JUDY 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308		Name: <i>A. Alpan</i>	
		Street Address (P.O. Box Number is Not Acceptable): <i>10/29/97</i>	
		Suite, Apt. #, Etc.	
		City: State: Zip Code: FL	

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: *Judy A. Davis* REGISTERED AGENT MUST SIGN Date: **10/28/97**

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)(f), 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: *William A. Giudice* **William A. Giudice** 10/28/97 850-631-5233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)