

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

1998 MAR 10 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 667248

1. Corporation Name

AMERICAN PAGING, INC. (OF FLORIDA)

Principal Place of Business

1300 GODWARD ST NE
SUITE 3100
MINNEAPOLIS MN 55413

Mailing Address

1300 GODWARD ST NE
SUITE 3100
MINNEAPOLIS MN 55413

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1980

5. FEI Number

59-2267911

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
VP PD	SULLIVAN, TERRY T	1300 GODWARD ST NE #3100	MPLS MN 55413
PD VP	SCHAAF, JOHN R. McClure, Robert A	1300 GODWARD ST NE #3100 1300 Godward St. NE #3100	MPLS MN MPLS MN 55413
VP	ORR, GEORGE H.	1300 GODWARD ST NE #3100	MPLS MN
S	LEDOUR, DEAN	1300 GODWARD ST NE #3100	MPLS MN
T	EFFERTZ, GREGORY A. Best, Dennis M.	1300 GODWARD ST NE #3100	MPLS MN
VP	ORR, GEORGE	1300 GODWARD ST NE #3100	MPLS MN

8. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500002456925--0

03/13/98--01088--006

***900 00 ***900 00

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

Deborah W. Skipper, As agent

REGISTERED AGENT MUST SIGN

Date

3-10-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (8/97)