

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 20, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **840081**

1. Corporation Name

**TELDATA CORPORATION**

Principal Place of Business

148 PARK SOUTH COURT  
NASHVILLE TN 37210

Mailing Address

148 PARK SOUTH COURT  
NASHVILLE TN 37210

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/23/1978**

5. FEI Number

**62-0817728**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

TALLAHASSEE, FLORIDA

**000009154470**

11/21/02--01097--009 \*\*750.00



**REINSTATEMENT 02**

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	4 City / State / Zip
D	PORTER, FRANK G.	148 PARK S. COURT	NASHVILLE TN 37210
VPE	NEEL, MARK J	148 PARK SOUTH COURT	NASHVILLE TN 37210
VPS	TYSON, SCOTT J	148 PARK SOUTH COURT	NASHVILLE TN 37210
STD	ZIEGLER, ROBERT P.	201 4TH AVE N., SUITE 1800	NASHVILLE TN
VPI	ELDER, HARRY	148 PARK SOUTH CT	NASHVILLE TN 37210
AS	HARRIS, PATRICIA K	148 PARK SOUTH CT	NASHVILLE TN 37210

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S.-PINE ISLAND ROAD -  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/15/02**

11. 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**

**SIGNATURE REQUIRED**

Date

Daytime Phone #

**11/14/02 615-256-895**

CR2E040 (8/02)