

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

00 DEC -5 PM 4:13

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # 854164

1. Corporation Name

DATAComm LEASING CORPORATION

Principal Place of Business

Mailing Address

~~1579 STRAITS TURNPIKE~~
MIDDLEBURY CT 06762-1299

~~1579 STRAITS TURNPIKE~~
MIDDLEBURY CT 06762-1299



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

2. New Principal Office Address, If Applicable

Park Road Extension
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Park Road Extension
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1982

5. FEI Number

06-0866987

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PD	JOHNSON, CHARLES P.	1579 STRAITS TURNPIKE <u>Park Road Extension</u>	MIDDLEBURY CT
VCPO	HENRY, WILLIAM G	145 SHERWOOD RD	EASTON CT 06612
SD	MODLIN, HOWARD S.	1579 STRAITS TURNPIKE <u>Park Road Extension</u>	MIDDLEBURY CT
VT	NESLER, DENNIS J	1579 STRAITS TURNPIKE <u>Park Road Extension</u>	MIDDLEBURY CT
S	ARCARA, JAMES R. (ASST)	1579 STRAITS TURNPIKE <u>Park Road Extension</u>	MIDDLEBURY CT

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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

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.

Signature of
Registered Agent

[Signature]
Corporate Controller
REGISTERED AGENT MUST SIGN

Date

11/22/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. & Treasure

Date

Daytime Phone #