

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012



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

FILED

02 DEC -6 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000005525**

1. Corporation Name

**CITYCOM TELECOMMUNICATIONS, INC.**

Principal Place of Business

3955 MARCONI DRIVE, SUITE 200  
ALPHARETTA GA 30005

Mailing Address

3955 MARCONI DRIVE, SUITE 200  
ALPHARETTA GA 30005



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

2. New Principal Office Address, If Applicable

28870 US Hwy 19 N

Suite, Apt. #, etc.

Suite 344

City & State

Clearwater, FL

Zip

33761

Country

USA

3. New Mailing Office Address, If Applicable

28870 US Hwy. 19 N

Suite, Apt. #, etc.

Suite 344

City & State

Clearwater, FL

Zip

33761

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/2000

5. FEI Number

58-2561103

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	4 City / State / Zip
PD	DABNOR, JOHN	3955 MARCONI DRIVE, SUITE 200	ALPHARETTA GA 30005
SD	DAVISSON, DOUG	3955 MARCONI DRIVE, SUITE 200	ALPHARETTA GA 30005
D	Besser, James	2 International Place, 24th Floor	Boston, MA 02110
D	Dunleavy, Keith	180 Admiral Cochrane Dr. Ste. 560	Annapolis, MD 21401

100009557231  
12/17/02-01038-004 \*\*150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

**James A. Bordonaro**  
Assistant Secretary

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 Jan 2001

CR2E040 (8/02)

2012



RECEIVED  
02 DEC -6 AM 11:04  
DIVISION OF CORPORATION

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

November 27, 2002

Dear sirs:

Please find enclosed a request for corporate reinstatement by the state of Florida for CityCom Telecommunications, Inc. As registered agent for the Company, you are required to sign and submit the form on behalf of CityCom.

As noted in the enclosed letter, CityCom did not receive UBR notices from the Florida Department of State, likely as a result of the Company's relocation of its facilities during June and July of 2002.

As noted in prior correspondence to you on October 1, 2002, please note the new address for CityCom Telecommunications, Inc.:

28870 US Highway 19 North  
Suite 344  
Clearwater, Florida 33761

Please complete the Application for Reinstatement form as necessary, and forward the form, accompanying letter, and check in the amount of \$150 to the Florida Department of State.

Thank you for your assistance in this matter. Should you have any questions or concerns regarding this submission, please contact me at (727) 725-4156. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "John P. Dabnor", with a horizontal line extending to the right.

John P. Dabnor  
President