

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 16 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003231

1. Corporation Name

TELNET CORPORATION OF OHIO

700160735317
09/16/09--01044--008 **1200.00

2. Principal Office Address - No P.O. Box #

659D Lakeview Plaza Blvd.

Suite, Apt. #, etc.

City & State

Worthington, OH

Zip

43085

Country

USA

3. Mailing Office Address

659D Lakeview Plaza Blvd.

Suite, Apt. #, etc.

City & State

Worthington, OH

Zip

43085

Country

USA

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida 6/14/2001

5. FEI Number
31-1368778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ (The) reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

NRAI Services, Inc.

Signature of

Registered Agent

Char McAdow, Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

9/11/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO, Treasurer & Director -	Lee S. Kleinman	659D Lakeview Plaza Blvd.	Worthington, OH 43085
President	Russell McComb	659D Lakeview Plaza Blvd.	Worthington, OH 43085

10. 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 contained in Chapter 119, 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:

Lee S. Kleinman - CEO

8/7/09

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR