

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11/01/04 01066 011 \$750.00
10192004 REIN-P CR2E098 (6/04)

DOCUMENT # F01000004763					
1. Entity Name COMDIAL CORPORATION					
Principal Place of Business 106 CATTLEMEN ROAD SARASOTA, FL 34232			Mailing Address 106 CATTLEMEN ROAD SARASOTA, FL 34232		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 94-2443673	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ed Hand, Asst Secretary</u> 11-26-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS					
TITLE	SRVP	<input type="checkbox"/> Delete			
NAME	CLINEBELL, KENNETH M				
STREET ADDRESS	106 CATTLEMEN RD				
CITY-ST-ZIP	SARASOTA, FL 34232				
TITLE	PVD	<input checked="" type="checkbox"/> Delete			
NAME	BRANICA, NICKOLAS A				
STREET ADDRESS	106 CATTLEMEN ROAD				
CITY-ST-ZIP	SARASOTA, FL 34232				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PROVOW, TRAVIS L				
STREET ADDRESS	106 CATTLEMEN RD				
CITY-ST-ZIP	SARASOTA, FL 34232				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	SCHLITT, SANFORD S				
STREET ADDRESS	106 CATTLEMEN RD				
CITY-ST-ZIP	SARASOTA, FL 34232				
TITLE	D CHAIRMAN	<input type="checkbox"/> Delete			
NAME	FALK, MICHAEL S				
STREET ADDRESS	106 CATTLEMEN ROAD				
CITY-ST-ZIP	SARASOTA, FL 34232				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	CARTER, KAY D				
STREET ADDRESS	106 CATTLEMEN ROAD				
CITY-ST-ZIP	SARASOTA, FL 34232				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	SRVA CFO DOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	NEIL P. LICHTMAN				
STREET ADDRESS	106 CATTLEMEN RD				
CITY-ST-ZIP	SARASOTA, FL 34232				
TITLE	Alan Kersman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS	106 Cattlemen Road				
CITY-ST-ZIP	Sarasota FL 34232	Director			
TITLE	Director Dorcetti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Robert				
STREET ADDRESS	106 Cattlemen Road				
CITY-ST-ZIP	Sarasota FL 34232				
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Stanley M. Blau				
STREET ADDRESS	106 Cattlemen Road				
CITY-ST-ZIP	Sarasota FL 34232				
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Alfred A. Rapetti				
STREET ADDRESS	106 Cattlemen Road				
CITY-ST-ZIP	Sarasota FL 34232				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, when all other like empowered.					
SIGNATURE: <u>KENNETH CLINEBELL CFO</u> 10-21-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					