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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

F43632

1. Corporation Name

FEDERAL COMMUNICATIONS, INC

2. Principal Office Address

3480 SUNBEAM DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3480 SUNBEAM DR

Suite, Apt. #, etc.

City & State

SARASOTA, FLA

City & State

SARASOTA FLA

Zip

34240

Country

USA SARASOTA

Zip

34240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-31-81

5. FEI Number

59-2137123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**REINSTATEMENT 89-00**

7. Name and Address of Current Registered Agent

Name

ALLAN S. FEDER

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

3480 SUNBEAM DR.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

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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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8-31-00

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
PRESIDENT	ALLAN S. FEDER	3480 SUNBEAM DR SARASOTA, FLA	SARASOTA, FLA 34240
SEC.	ALLAN S. FEDER	" "	" "
V.P.	ROBIN F. FEDER	" "	" "

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 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

ALLAN S. FEDER

Date

8-31-00

Daytime Phone #

9413566702