

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT 10 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F 43632

1. Corporation Name

FEDERAL COMMUNICATIONS INC

2. Principal Office Address

1850 PORTER LAKE RD

Suite, Apt. #, etc.

UNIT 106

City & State

SARASOTA, FLA

Zip

34240

Country

SARASOTA

3. Mailing Office Address

1850 PORTER LAKE RD

Suite, Apt. #, etc.

UNIT 106

City & State

SARASOTA, FLA

Zip

34240

Country

SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2137123

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

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

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

*Allan S. Feder*

REGISTERED AGENT MUST SIGN

Date 10-8-03

**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
P	ALLAN S. FEDER	3480 SUNBEAM DR	SARASOTA, FLA 34240
V	ROBIN F. FEDER	3480 SUNBEAM DR.	SARASOTA, FLA 34240

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:

ALLAN S. FEDER *Allan S. Feder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

9413566702

Daytime Phone #

CR2E031 (10/02)