

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 14 PM 5:07

DOCUMENT # F93000602944

1. Corporation Name

Radiofone, Inc.

2. Principal Office Address

ALTEL Communications, Inc. ALTEL Communications, Inc.

Suite, Apt. #, etc.

One Allied Drive

City & State

Little Rock, AR

Zip

72202

Country

USA

3. Mailing Office Address

ALTEL Communications, Inc. ALTEL Communications, Inc.

Suite, Apt. #, etc.

One Allied Drive

City & State

Little Rock, AR

Zip

72202

Country

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

02-12-1979

5. FEI Number

72-0850161

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

CT Corporation System

600004703506 -- 2

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

1200 South Pine Island Rd

12/04/01 01024 012

****750.00 ****750.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

11/14/29

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
D/P	Kevin L. Beebe	One Allied Drive	Little Rock, AR 72202
VP & S	Francis X. Frantz	One Allied Drive	Little Rock, AR 72202
SVR & C	Jeffery R. Gardner	One Allied Drive	Little Rock, AR 72202
T	Scott Settelmyer	One Allied Drive	Little Rock, AR 72202
A.S.	David Cameron	One Allied Drive	Little Rock, AR 72202

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:

KEBul

Kevin L. Beebe 10-6

-01 905-8000

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)