

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001049

1. Corporation Name

BN1 TELECOMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1 CASCADE PLAZA
SUITE 1350
AKRON OH 44308

1 CASCADE PLAZA
SUITE 1350
AKRON OH 44308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 910-97

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1994

5. FEI Number

34-1613816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	BROWER, DANIEL	624 WINDING WAY	KETTERING OH 45419
P	LEEDY, JAMES K SR	1 CASCADE PLAZA, #1350	AKRON OH 44308
VST	LEEDY, CHARLES K	1 CASCADE PLAZA, #1350	AKRON OH 44308
V	JOHNSON, DAVIDES W II	1 CASCADE PLAZA, #1350	AKRON OH 44308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONLEY, DANIEL E
6310 TRAIL BLVD.
NAPLES FL 33963

Name

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

600002201286--2

Suite, Apt. #, Etc.

-06/04/97--01057--010

City

***915.00

***915.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Daniel E Conley

REGISTERED AGENT MUST SIGN

Date 9-24-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/17/96

Daytime Phone #

(330)
7624900