

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

APPROVED AND FILED

①

DOCUMENT # F94000001049

98 DEC -7 AM 9:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1613816

Applied For

Not Applicable

City & State

City & State

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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

12/19

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)

Suite, Apt. #, Etc.

City

700002708047--5

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\*\*\*\*150.00 \*\*\*\*150.00

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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.

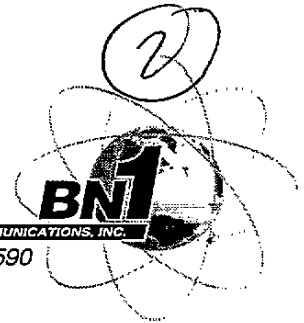
SIGNATURE:

*Marvin E. Sharpless*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98  
 Date

330-762-4900  
 Daytime Phone #

CR27040.0000



**Corporate Office • 1 Cascade Plaza • Suite 1350 • Akron, Ohio 44308 • 330-762-4900 • Fax 330-996-4590**

November 13, 1998

Florida Department of State  
Division of Corporations – Reinstatement  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am the person who normally receives correspondence regarding annual reports and I did not receive the request from the Florida Department of State or the second notice annual reports. Enclosed please find a check payable to FLORIDA DEPARTMENT OF STATE for \$150.00 for reinstatement of BN1 Telecommunications, Inc. Thank you for your cooperation.

Respectfully,

Marvin E. Sharpless  
Chief Financial Officer

**Regional Offices**

Cincinnati, OH

Dayton, OH

Orlando, FL

Youngstown, OH

Columbus, OH

Detroit, MI

Pittsburgh, PA

Chicago, IL