

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

98 DEC -7 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Zip

Country

Zip

Country

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)

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
1	2	3	4
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)

Suite, Apt. #, Etc.

City

700002708047--5

-12/09/98-01111--019

****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:

M. E. Sharpless Marvin E. Sharpless

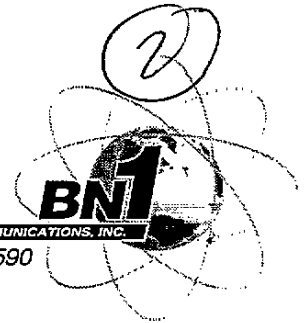
12/1/98

330-762-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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