

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 # **F96000002143**

1. Corporation Name

**INTERNATIONAL COMMUNICATIONS SYSTEMS OF DELAWARE  
E, INC.**

Principal Place of Business

Mailing Address

701 SOUTH "J" ST  
PENSACOLA FL 32501

701 SOUTH "J" ST  
PENSACOLA FL 32501

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

04/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2392781

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)

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
C	NESOM, J. DOUGLAS	701 SOUTH "J" ST	PENSACOLA FL 32501
PD	DORETY, MICHAEL F	701 SOUTH "J" ST	PENSACOLA FL 32501
D	NESOM, J.D. JR	701 SOUTH "J" ST	PENSACOLA FL 32501
ST	CANNON, WILMA J	701 SOUTH "J" ST	PENSACOLA FL 32501

**REINSTATEMENT**

800000234068178-97-7  
-11/13/97-01089-006  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

DORETY, MICHAEL F  
701 SOUTH "J" ST  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

**J. DOUGLAS NESOM**

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

**701 SOUTH J STREET**

Suite, Apt. #, Etc.

City

**PENSACOLA**

State

Zip Code

**FL**

**32501**

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

*J. Douglas Nesom*  
REGISTERED AGENT MUST SIGN

Date **11-7-97**

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:

*J. Douglas Nesom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-7-97(850)435-7505**