

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004379

1. Corporation Name

CLEAR PAGING, INC.

Principal Place of Business

440 INTERSTATE N PKWY  
ATLANTA GA 33039  
US

Mailing Address

440 INTERSTATE N PKWY  
ATLANTA GA 30339  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/1996

5. FEI Number

58-2094464

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)

Title(s)

1

Name of Officers  
and/or Directors

2

Street Address of Each  
Officer and/or Director

3

City / State / Zip

4

PCT

JOHNSTON, STEPHEN F SR

440 INTERSTATE PKY

ATLANTA GA 30339

S

JOHNSTON, EDWARD A JR

440 INTERSTATE PKY

ATLANTA GA 30339

700010081797  
01/14/03--01056--018 \*\*300.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-19-07

Daytime Phone #

CR2ED40 (8/02)

CLEAR PAGING, INC.  
440 Interstate North Parkway  
Atlanta, GA  
30339-5039

December 19, 2002

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

Re: 58-2094464

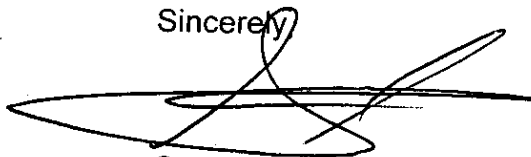
Dear Sir or Madam:

This is to notify you that we did not receive the two prior uniform business report notices.

Enclosed is our check for \$300.00 for reinstatement:

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be "Stephen F. Johnston, Sr.", written over a horizontal line.

Stephen F. Johnston, Sr.