

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE  
Sara B. Thomas  
Secretary of State  
DIVISION OF CORPORATIONS



~~REINSTATEMENT~~

DOCUMENT # F96000005271

1. Corporation Name

ACCOMMODATING MIKROWAVE CORPORATION

Principal Place of Business

2938 W. RIDGE PIKE  
EAGLEVILLE PA 19408

Mailing Address

2938 W. RIDGE PIKE  
EAGLEVILLE PA 19408

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.

ACCOMMODATING MIKROWAVE CORP.

City & State 201 S. Orange Ave.  
Media, PA 19063

ACCOMMODATING MIKROWAVE CORP.

P.O. Box 321389  
Cocoa Beach, FL 32931

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/1996

5. FEI Number

23-2679261

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	FERKO, FRANCIS J	1515 S. ATLANTIC AVE., #104	COCOA BEACH FL 32931
DC	FERKO, FRANCIS J	1515 S. ATLANTIC AVE., #104	COCOA BEACH FL 32931

800002344968--1  
-11/12/97--01088--024  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERKO, FRANCIS J  
1515 S. ATLANTIC AVE., #104  
COCOA BEACH FL 32931

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-31-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 NOV -7 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CP2E040 (8/97)

407-799-3377

10-31-97