

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98 000000007**

1. Corporation Name

Gulf Telephone Company

2. Principal Office Address - No P.O. Box #

100 CenturyTel Drive

Suite, Apt. #, etc.

City & State

Monroe, LA

Zip

71203

Country

US

3. Mailing Office Address

PO Box 4065

Suite, Apt. #, etc.

City & State

Monroe, LA

Zip

71211-4065

Country

US

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Conie B...*

REGISTERED AGENT MUST SIGN

Date **7/31/08**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres.  | Karen A. Puckett                     | 100 CenturyTel Dr.                                | Monroe, LA 71203   |
| VP/D   | Stacey W. Goff                       | 100 CenturyTel Dr.                                | Monroe, LA 71203   |
| VP/D   | R. Stewart Ewing, Jr.                | 100 CenturyTel Dr.                                | Monroe, LA 71203   |
| Sec.   | Kay C. Buchart                       | 100 CenturyTel Dr.                                | Monroe, LA 71203   |
|        |                                      |   |                    |
|        |                                      |   |                    |

10. 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 contained in Chapter 119, 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:

*Kay C. Buchart*

Kay C. Buchart, Secretary

7/28/08

(318) 388-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUL 31 PM 1:44

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

700133970657

08/05/08--01005--020 \*\*1950.00

**REINSTATEMENT 00-08**

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/1998

5. FEI Number

630090050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.