

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 18 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Fa8 00000 1414

1. Corporation Name

Davel Communications Group, Inc. of Illinois

Principal Office Address

10120 Windhorst Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Office Address

10120 Windhorst Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/1998

5. FEI Number

37-1064777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XXX

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date 4/17/2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres.	Michael E. Hayes	10120 Windhorst Road	Tampa, FL 33619
sec.	Bruce W. Renard	10120 Windhorst Road	Tampa, FL 33619
treas.	William K. Breaden	10120 Windhorst Road	Tampa, FL 33619
director	Michael E. Hayes	10120 Windhorst Road	Tampa, FL 33619
			LS
			800003211948--1

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 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:

Bruce W. Renard

Secretary 04-13-00

813-628-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E001 (9/99)



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ACCOUNT NO. : 072100000032

REFERENCE : 664729 159770A

AUTHORIZATION :

Patricia Pizoto

COST LIMIT : \$ 908.75

ORDER DATE : April 17, 2000

ORDER TIME : 4:26 PM

ORDER NO. : 664729-005

CUSTOMER NO: 159770A

CUSTOMER: Ms. Mary Kramer-scharlatt
DAVEL COMMUNICATIONS, INC.
DAVEL COMMUNICATIONS, INC.
10120 Windhorst Road

Tampa, FL 33619-1297

DOMESTIC FILING

NAME: DAVEL COMMUNICATIONS GROUP,
INC.

EFFECTIVE DATE:

XX REINSTATEMENT
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

RECEIVED
00 APR 17 PM 4:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA