

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000004631

1. Corporation Name

HIGH SPEED ACCESS CORP.

Principal Place of Business

1000 W. ORMSBY AVE., SUITE 210
LOUISVILLE KY 40210

Mailing Address

1000 W. ORMSBY AVE., SUITE 210
LOUISVILLE KY 40210

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

08/13/1998

5. FEI Number

61-1324009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions for details regarding this section.

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	4 City / State / Zip
CSTD	OYLER, W. KENT III	1000 W. ORMSBY AVE., SUITE 210	LOUISVILLE KY 40210
PD	PITCOCK, RONNIE W	38 LARK BUNTING LANE	LITTLETON CO 80127
EVP	GIBBS, DAVID F	1000 W. ORMSBY AVE., SUITE 210	LOUISVILLE KY 40210
S	JOHN G. HUNDLEY		
EVP	GIBBS, DAVID F	101 S. FIFTH ST., SUITE 1850	LOUISVILLE KY 40202
T	GEORGE E. WILLETT	1000 W. ORMSBY AVE SU 210	LOUISVILLE KY 40202
D	JONES, DAVID A JR.	101 S. FIFTH ST. SUITE 1850	LOUISVILLE KY 40202
D	SAUNDERS, ROBERT A	101 S. FIFTH STREET SUITE 1850	LOUISVILLE KY 40202

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
900003067169--8
Suite, Apt. #, Etc.
-12/13/99--01004--017
City
State
FL Zip Code
***750.00 ***750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Susan J. Metzger

REGISTERED AGENT MUST SIGN

Susan J. Metzger
Assistant Secretary

Date

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, 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 FILING OFFICER OR DIRECTOR

JOHN G. HUNDLEY

Date

Daytime Phone #

9/4/99 502-315-5842

REINSTATEMENT 99



FILED

99 NOV 30 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA