PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 NOV 19 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # F98000005900

1. Corporation Name

IOCOM, INC.

Principal Place of Business	Mailing Address
2195 Ringling Blvd. Sarasota, FL 34236	

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
625 Florida Avenue	625 Florida Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, FL	City & State: Cocoa, FL
Zip: 32922 Country:	Zip: 32922 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/98

5. FEI Number: 04-3428278 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

300003054278--9
-11/24/99--01063--026
*****8.75 *****8.75

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D	Kevin N. Blayne	2197 Ringling Blvd.	Sarasota, FL 34297
D	Jerry D. Lewis	2197 Ringling Blvd.	Sarasota, FL 34237
D/P	Stephen G. McLean	2197 Ringling Blvd.	Sarasota, FL 34327
V	D. Scott Molitor	625 Florida Avenue	Cocoa, FL 32922
S/T/V	Raymond P. Wilson	One Design Center #700	Boston, MA 02210

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8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

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-11/24/99--01063--025
*****750.00 *****750.00

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: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — Date: 11/19/99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: _____ Raymond P. Wilson — 11/18/99 — 617-880-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Credent (2/98)