

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005900

1. Corporation Name

IOCOM, INC.

400003441394--4
-10/26/00--01115--022
****750.00 ****750.00

Principal Place of Business

625 FLORIDA AVENUE
COCOA FL 32922

Mailing Address

625 FLORIDA AVENUE
COCOA FL 32922



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

10/21/1998

5. FEI Number

04-3428278

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 3	City / State / Zip 4
DP	MCLEAN, STEPHEN G	2197 RINGLING BLVD.	SARASOTA FL 34237
V	MOLITOR, D S	625 FLORIDA AVE	COCOA FL 32922
STV	WILSON, RAYMOND P	ONE DESIGN CENTER #700	BOSTON MA 02210
D	LEWIS, JERRY D	2197 RINGLING BLVD.	SARASOTA FL 34237
D	BLAYNE, KEVIN N	2197 RINGLING BLVD.	SARASOTA FL 34297

8. Name and Address of Current Registered Agent

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

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

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

10-16-00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00
Date

978-762-
Daytime Phone # 7700

Florida Department of State
Division of Corporations

IOCOM, Inc. (FEI#: 04-3428278) Application for Reinstatement

7. Names and Street Addresses of Each Officer and/or Director:

<u>Title(s)</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
DP	Stephen G. McLean	222 Rosewood Drive	Danvers, Massachusetts 01923
STV	Raymond P. Wilson	222 Rosewood Drive	Danvers, Massachusetts 01923
V	D. Scott Molitor	2197 Ringling Blvd.	Sarasota, Florida 34237
V	Deborah Zonies	222 Rosewood Drive	Danvers, Massachusetts 01923
AS	Dave Collins	222 Rosewood Drive	Danvers, Massachusetts 01923
D	Kevin N. Blayne	222 Rosewood Drive	Danvers, Massachusetts 01923
D	Jerry Lewis	2197 Ringling Blvd.	Sarasota, Florida 34237