

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003058

1. Corporation Name

COMMUNITY ISP, INC.

\$750.00

2. Principal Office Address

3035 MOFFAT ROAD

3. Mailing Office Address

3035 MOFFAT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TOLEDO, OHIO

City & State

TOLEDO, OHIO

Zip

43615

Country

LUCAS

Zip

43615

Country

LUCAS

000037947080

06/15/04--01004--011 **1200.00

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/1999

5. FEI Number

62-1777621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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

Jeanelle M. Carter
REGISTERED AGENT MUST SIGN

Date 6/8/04

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
SEC	JEFFREY KLINGSHIRN	3035 MOFFAT ROAD	TOLEDO, OH 43615
CEO	JEFFREY KLINGSHIRN	3035 MOFFAT ROAD	TOLEDO, OH 43615
PRES	DUSTIN WADE	3035 MOFFAT ROAD	TOLEDO, OH 43615
DIR	JEFFREY KLINGSHIRN	3035 MOFFAT ROAD	TOLEDO, OH 43615
DIR	MARK WITTENMYER	3035 MOFFAT ROAD	TOLEDO, OH 43615

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:

Jeffrey Klingshirn

JEFFREY KLINSHIRN

6-4-2004

419-867-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)