

192  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

J31050

1. Corporation Name

A-1 Communications, Inc.

2. Principal Office Address

9117 Little Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zip

34654

Country

Pasco

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -7- AM 8:00

REINSTATEMENT

03-04  
MRB

8/4/09 90154 021 \*550.00

4. Date Incorporated or Qualified

To Do Business in Florida August 29, 1986

5. FEI Number

59-2725476

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

John Pixton

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

9117 Little Road

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34654

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

REGISTERED AGENT MUST SIGN

Date 03/24/2004

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	John W. Pixton	14503 Middlefield La.	Odessa FL 33556
V-Pres	Robert Liebl	4015 Dristol Ave	Spring Hill FL 34609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/04)

Zgr

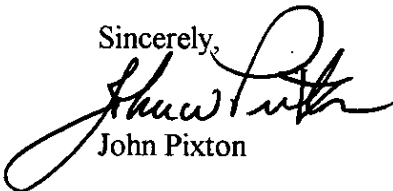
# A-1 Communications, Inc.

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern: *2003 UBR*

Last year our annual statement was returned because it lacked a signature. It was mailed back to the state the following week. Unfortunately we did not realize until the end of last year that the corporation was not reinstated. When we contacted the 411 center we were told to send in this years \$150.00 annual fee and a letter explaining what had happened. I don't exactly know what happened, but I am requesting that you reinstate our status and also enclosed you will find a check in the amount of \$150.00 for this years annual statement. If there is any problem with this please contact our bookkeeper, Kathleen Tomlinson at 727-819-1908. Thank you for your assistance in this matter.

Sincerely,



John Pixton