

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 14 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J33060**

**1. Corporation Name**

Simmons Communications Systems, Inc.

**2. Principal Office Address**

4380 Enterprise Ave.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

United States

**3. Mailing Office Address**

4380 Enterprise Ave.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

592756155

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

Mark E. Simmons

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

1154 7<sup>th</sup> Ave. N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

**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

*Mark E. Simmons*

REGISTERED AGENT MUST SIGN

Date **2-10-03**

**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.	Mark E. Simmons	1154 7 <sup>th</sup> Ave N.	Naples, FL 34102

**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:**

*Mark E. Simmons, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-03 239-289-1888**

Date

Daytime Phone #

**Mark E. Simmons**  
**1154 7<sup>th</sup> Ave. N.**  
**Naples, FL 34102**  
**(239) 348-0649**

January 30, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs,

I would like to request a Corporation Reinstatement of Document # J33060, FEI #592756155 for Simmons Communications Systems, Inc. I am also requesting the reinstatement fees be waived. I did not receive 1994 annual report notices due to incorrect address information in 1993 report posted on the web site.

With consideration for my requests I am enclosing a cashiers check for \$1665.00 for the Corporation Reinstatement noted above.

Thank you your time with this matter. Please feel free to call me with any questions you may have.

Sincerely,

  
Mark E. Simmons