PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 PM 1:30

DOCUMENT # J54376

1 Corporation Name

ETS PAYPHONES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
c/o Ward, Damon, Beverly Tittle & Posner P.A. 4420 Beacon Circle Ste 100 West Palm Beach, FL 33407	561 Thornton Road, Ste K Lithia Springs, GA 30057

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

99-00

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/21/1987

5 FEI Number: 59-2131736 — Applied For ☐ Not Applicable ☐

6 CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional for Certified Copy

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

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
CEO	Charles E. Edwards	1956 West Wesley Road	Atlanta, GA
SEC	Joan Shepler	4117 Rogers Creek Ct.	Duluth, GA 30096
CFO	Walter Kaudelka	6274 Braidwood Way	Duluth, GA 30101

8. Name and Address of Current Registered Agent

Norman C. Moore
2552 Wrencrest Circle
Valrico, FL 33594 US

9. Name and Address of New Registered Agent

Name: Michael J Posner, Esq.
Street Address (P.O. Box Number is Not Acceptable): 4420 Beacon Circle
Suite, Apt. #, Etc.: Suite 100
City: West Palm Beach
State: FL
Zip Code: 33407

2/9/00

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: Michael J Posner
REGISTERED AGENT MUST SIGN

Date: February 8, 2000

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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. This information indicated on this application is true and correct. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Walter Kaudelka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

770-819-1600
Daytime Phone #