

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J60061

**FILED**  
**Nov 19, 2004**  
**Secretary of State**

**Entity Name:** CITY TELEPHONE COMPANY

**Current Principal Place of Business:**

10 FAIRWAY DRIVE  
SUITE 126  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

CITY TELEPHONE CO.  
P.O. BOX 667045  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 65-0104662      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITAKER, PHIL  
453 W. PALM AVE DRIVE  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WHITAKER, PHIL  
Address: 453 W. PALM AVE DR.  
City-St-Zip: POMPANO BCH, FL 33069

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL WHITAKER

P

11/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date