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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION -
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda L. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JUL -2 PM 4:43

TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L02000004990

Name and Mailing Address

0014169 01 AT 0.292 **AUTO T1 0 0615 33950-657489



VOICE TO TEXT, LLC
1133 BAL HARBOUR BLVD
UNIT 1139
PUNTA GORDA FL 33950-6574



7/2

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/27/2002	
Principal Place of Business 1133 BAL HARBOUR BLVD UNIT 1139 PUNTA GORDA FL 33950	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0449624	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent WOTITZKY, HAL 223 TAYLOR ST PUNTA GORDA FL 33950	9. Name and Address of New Registered Agent Name Martin Block Street Address (P.O. Box Number is Not Acceptable) 1310 Osprey Ct. City Punta Gorda FL Zip Code 33950
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Martin Block **SIGNATURE REQUIRED**

Date 6-16-04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Martin Block	1310 Osprey Ct.	Punta Gorda, FL 33950

100038138381
06/21/04--01078--001 **200.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Martin Block **SIGNATURE REQUIRED**

Date 6/16/04

Daytime Phone # 941-639-1522

Typed or printed name of signing Managing Member/Manager