

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 5:12

DOCUMENT # L12743

1. Corporation Name

WIRELESS CABLE OF FLORIDA, INC.

800003500419--2
-12/13/00--01101--017
****750.00 ****750.00



Principal Place of Business

Mailing Address

865 HARMONY ROAD
P.O. BOX 4494
EATONTON GA 31024
US

SPRINT SUPPLIER DISB. MAILSTOP KSOPKD0133
6860 W. 115TH ST.
OVERLAND PARK KS 66211-2400
US

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

REINSTATEMENT

DD

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0150718

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | WARNER, ROD | 1950 LANDINGS BLVD. #110 | SARASOTA FL |
| CDP | HALL, JIM | 244 LOCH WAY NE | EATONTON GA |
| STD | MANNING, PAUL | 215 NESTOR CT | ROSWELL GA |
| D | MOSELY, I SIGMUND | 945 E PACES FERRY RD #2450 | ATLANTA GA |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMBRECHT, WILLIAM G
200 S. ORANGE AVE
SARASOTA FL 34236

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William G. Lambrecht
REGISTERED AGENT MUST SIGN

Date Nov 30, 2000

11. 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:

William G. Lambrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00
Date

913-315-5833
Daytime Phone #

CR2E040 (8/00)