PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE ABOVE THIS LINE

REINSTATEMENT 1996

FILED
96 DEC -5 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mur 12/5/96

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # L84970

INTERLINK COMMUNICATION SYSTEMS, INC.
c/o Martin L. Poad
4695 Ulmerton Road
Suite 130
Clearwater, FL 34622

2. If Address in Block 1 is incorrect or you prefer, enter the correct address below.

Address: 4400 140th Avenue N., Ste 250
City and State: Clearwater, FL
Zip Code: 34622

3. If Principle Office Address is different from mailing address, enter address below:

Address: 4400 140th Avenue N., Ste 250
City and State: Clearwater, FL
Zip Code: 34622

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
07/03/90	59-3012047	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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
PSTD	Poad, Martin L.	2148 Laurence Drive	Clearwater, FL
V	Poad, Diane R.	2148 Laurence Drive	Clearwater, FL
V	Scott, William A.	2760 Westchester Drive North	Clearwater, FL
V	Higgins, Alan E.	2805 Luce Circle	Clearwater, FL
			800002022808--8 -12/06/96--01101--014 ****375.00 ****375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Poad, Martin L.
2148 Laurence Drive
Clearwater, FL 34624

9. If changed, new registered agent / office

Name:
Street Address (Do NOT Use P.O. Box Number): 4400 140th Avenue N., Ste 250
Street Address (Do NOT Use P.O. Box Number):
City: Clearwater
State: FL
Zip: 34622

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: X Martin L. Poad
REGISTERED AGENT MUST SIGN
Date: X Dec 3, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation 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 Officer or Director: X William A. Scott
Date: X 12-3-96
Daytime Phone #: X 813-524-8663
Typed or printed name of signing officer or director: X William A. Scott

CR2E040 (8/93)