

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

99 NOV -9 AM 10:40

DOCUMENT # M18365

1. Corporation Name

E-Z PHONE INC.

Principal Place of Business

1401 W FLAGLER ST. #209
MIAMI FL 33135

Mailing Address

1401 W FLAGLER ST. #209
MIAMI FL 33135



REINSTATEMENT 99

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

2. Previous Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 141341

City & State

Coral Gables, FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1985

5. FEI Number

59-2541635

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VP	WRIGHT, LILLIAN R.	1401 W FLAGLER ST. #207	MIAMI FL
ST	GASCA, BERTA	1401 W FLAGLER, STE.#207	MIAMI FL
P	GASCA, HECTOR	1401 W FLAGLER, STE.#207	MIAMI FL

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-11/22/99--01029--017

****750.00 ****750.00

10-13-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GASCA, HECTOR
1401 W FLAGLER ST. #207
MIAMI FL 33135

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.

Hector Gasca
REGISTERED AGENT MUST SIGN

Date 10-13-99

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:

Hector Gasca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-99 305-642-3870
Date Daytime Phone #