

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 DEC 17 PM 3:26

DOCUMENT # N06613

1. Corporation Name

Independent Telecommunications Pioneer Association, Inc.

2. Principal Office Address

319 General Screven Way

Suite, Apt. #, etc.

Suite F

City & State

Hinesville, Georgia

Zip

31310

Country

USA

3. Mailing Office Address

319 General Screven Way

Suite, Apt. #, etc.

Suite F

City & State

Hinesville, Georgia

Zip

31310

Country

USA

REINSTATEMENT 0204

4. Date Incorporated or Qualified

To Do Business in Florida 12/12/84

5. FEI Number

526068733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

100043611911

12/23/04--01028--019 **367.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jacqueline N. Carney
REGISTERED AGENT MUST SIGN

Date

12/13/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir/Pre	Larry Sanson	186 Woodwalk Court	Nicholasville, KY 40356
Dir/VP	Nancy Hyatt	104 South Patrick Drive	Gray, TN 37615
Dir/Sec	Jo Myers	Sprint - 6/0 mail code FLLSBB0402-4051 P.O. Box 490048	Leesburg, FL 34749-0048
Dir	James McCartney	P.O. Box 23125	Lansing, MI 48909-3125
Dir	Ann Beck	Comporium Communications P.O. Box 470	Rock Hill, SC 29731

10. 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:

James S. Carney *Director & Cert Treas.* 12/10/04 517-347-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)