

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO9073**

1. Corporation Name

**FLORIDA AMATEUR DIGITAL
COMMUNICATIONS ASSOCIATION, INC.**

2. Principal Office Address

1131 Abady CT

Suite, Apt. #, etc.

3. Mailing Office Address

1131 Abady CT

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/06/1985

5. FEI Number

592576040

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

Loren E Thompson

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

1131 Abady CT

Suite, Apt. #, Etc.

City

Deltona

400027523154

01/23/04--01059--007 **481.25

State

FL

Zip Code

32725

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**

Loren E Thompson

Date

01/21/2004

REGISTERED AGENT MUST SIGN

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
PD	SINBINE, WILLIAM J.	17275 HAMMOCK LN	FT. PIERCE, FL 34987
VD	WELCKER, DOUGLAS G.	6660 KATHERINE RD	WEST PALM BEACH, FL 33413
STD	THOMPSON, LOREN E.	1131 ABADY CT.	DELTONA, FL 32725
D	GRPODER, RUSSELL G.	564 BOWIE BLVD	ORANGE PARK, FL 32073
D	HAST, WILLIAM C	PO BOX 15772	TAMPA, FL 33684
D	OWEN, ERIC T.	2702 JAMAICA ST.	SARASOTA, FL 34231

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:

Loren E Thompson Loren E Thompson

01/21/2004 386 574 4124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)