


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2000-2001
UBR

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

FILED

01 MAR 29 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24338**

1. Corporation Name

Florida Competitive Carriers Association, Inc.

2. Principal Office Address
117 S. Gadsden Street
Tallahassee, Florida

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

Zip
32301

Country
Leon

3. Mailing Office Address
117 S. Gadsden Street
Tallahassee, Florida

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

Zip
32301

Country
Leon

4. Date Incorporated or Qualified
To Do Business in Florida **01/13/1988**

5. FEI Number
650049123

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
Donna Canzano McNulty

Street Address (P.O. Box Number is Not Acceptable)
325 John Knox Road, The Atrium

Suite, Apt. #, Etc.
Suite 105

City
Tallahassee

State
FL

Zip Code
32303

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 **Donna Canzano McNulty**
DONNA CANZANO MCNULTY REGISTERED AGENT MUST SIGN

Date **March 28, 2001**

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
PTD	Brian K. Sulmonetti	Concourse Corp Center Six Six Concourse Parkway, #3200	Atlanta, GA 30328
S	Joseph P. Gillan	117 S. Gadsden Street	Tallahassee, Florida 32301
D	Rhonda Merritt	101 N. Monroe Street, Suite 700	Tallahassee, FL 32301
VD	Steve Brown	10 Glen Parkway, Suite 650	Atlanta, Georgia 30328

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: **BRIANE K. SULMONETTI** NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/01

770 2845493

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