

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -9 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004985

1. Corporation Name

PROTOCOL COMMUNICATIONS OF TAMPA, INC.

Principal Place of Business

Mailing Address

10012 N DALE MABRY
TAMPA FL 33618

BOX 273907
TAMPA FL 33688



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3362419

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PD	DEBOLT, JAMES W	10012 N DALE MABRY	TAMPA FL 33618

200009418132
12/09/02--01053--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

JAMES DEBOLT

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

10012 N. DALE MABRY

Suite, Apt. #, Etc.

TAMPA

City

State

FL

Zip Code

33618

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-1-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-02 82-919-

1700

12-1-02

Division of Corporations

I NEVER RECEIVED THE FILING
PACKAGE

ATTACHED IS MY REINSTATEMENT FORM
WITH THE FEE

Thank you,

Jim DeBor

Protocol Communications of Tampa, Inc.

Box 273907

Tampa, FL 33688

PO00000004985