

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 25 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000012713**

1. Corporation Name

Switched Access Communications, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

215 Fifth Street

Suite, Apt. #, etc.

306

City & State

West Palm Beach

Zip

33401

Country

USA

3. Mailing Office Address

215 Fifth Street

Suite, Apt. #, etc.

306

City & State

West Palm Beach

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/2000

5. FEI Number

65-0982301

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

Mary Lou Farr

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

215 Fifth Street

Suite, Apt. #, Etc.

306

City

West Palm Beach

State

FL

Zip Code

700013091557
02/25/03--01051--004 **933.00

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

Mary Lou Farr
REGISTERED AGENT MUST SIGN

Date

2/24/03

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
PVTS	Mary Lou Farr	215 Fifth St. 306 WPB 33401	

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:

Mary Lou Farr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 802-4344

CR2E081 (10/02)

2/26

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Switched Access Communication, Inc.
(Name of corporation)

DOCUMENT NUMBER: P00000012713

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Lou Farr
(Name of person)

(Name of firm/company)

215 Fifth Street #306
(Address)

West Palm Beach FL 33401
(City/state and zip code)

For further information concerning this matter, please call:

Mary Lou Farr at (561) 802-4344
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Switched Access Communication, Inc.

2. The principal office address: 215 fifth street # 306
West Palm Beach FL 33401

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/2000 Document number: P000000612713

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Erika Riaboukha
1901 S. Congress Ave #240
Boynton Beach FL 33426

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Mary Lou Farr
215 fifth street #306
(P.O. Box or personal mailbox NOT acceptable)
West Palm Beach FL 33401

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Mary Lou Farr
(Signature of an officer, chairman or vice chairman of the board)

Mary Lou Farr President
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Mary Lou Farr
(Signature of Registered Agent)

2/21/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314