

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083826

1. Corporation Name

SHORT CALL, INC.

Principal Place of Business

Mailing Address

5675 HWY 90, STE. H
MILTON FL 32583

5675 HWY 90, STE. H
MILTON FL 32583

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

5675 Hwy 90
Suite, Apt. #, etc.

5675 Hwy 90
Suite, Apt. #, etc.

A
City & State
Milton FL

A
City & State
Milton FL

Zip
32583 Country

Zip
32583 Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number

59-3667894

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CO	BOND, TODD Bond	5566 WESLEY DR	MILTON FL 32570
CO	TOMEY, GARY	6309 SUNAGO DR	MILTON FL 32570
CO	TOMEY, SCOTT	5566 WESLEY DR 4366 Wellington DR	MILTON FL 32570 32571

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMEY, II, GARY R
5675 HWY 90, STE. H
MILTON FL 32583

Name: same
Street Address (P.O. Box Number is Not Acceptable)
5675 Hwy 90
Suite, Apt. #, Etc.
A
City
Milton
State
FL
Zip Code
32583

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]

REGISTERED AGENT MUST SIGN

Date

10/9/03

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] Scott Tomey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03
850
983-9667

Daytime Phone #

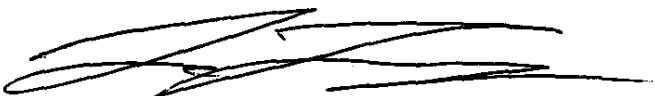
CR2E040 (7/03)

S.C.I.

SHORT CALL INC
5675 HIGHWAY 90 SUITE #A
MILTON FL 32583

To : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FLORIDA 32314

This letter is to inform the state that this corporation never received the prior UBR notices. The corporation changed accountants for the 2003 year and the new accountant did not handle as did the prior service. As a result the form s were not filed and the corporation was unaware that the state had the wrong address. We will be more attentive in the future.



SCOTT R TOMHEY
OFFICER
SHORT CALL INC
(850) 983-9667
TELCOMMAGIC@AOL.COM