

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 OCT 30 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002779

1. Corporation Name

VOICENET, INC.

Principal Place of Business

1901 SOUTH CONGRESS AVENUE SUITE 240  
BOYNTON BEACH FL 33426

Mailing Address

1901 SOUTH CONGRESS AVENUE SUITE 240  
BOYNTON BEACH FL 33426



REINSTATEMENT 02

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

01/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1069924

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

Will Farr

1901 S. Congress Ave Suite 240

Boynton Beach FL  
33426

10/30/02--01028--010 \*\*1517.50

8. Name and Address of Current Registered Agent

DELISI, HILDA F  
1742 WEST HILLSBORO BLVD  
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name

Erika Riaboukha

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

1901 S. Congress Ave

Suite, Apt. #, Etc.

Suite 240

City

Boynton Beach

State

FL

Zip Code

33426

CR2040 (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 10/28/02

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 #

10/28/02 (901) 735-9499