

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 23 PM 1:57

DOCUMENT # P01000019964

1. Corporation Name

TELECTRIC COMMUNICATION SERVICES, INC.

2. Principal Office Address

3230 N. POWERLINE RD

3. Mailing Office Address

P.O. 8072

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

CORAL SPRINGS, FL

Zip

33069

Country

USA

Zip

33075

Country

USA

700062374927  
12/23/05--01040--007--\*\*900.00  
**REINSTATEMENT**  
CRZE081 (8/05) 104-05

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/2001

5. FEI Number

651079781

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

HARDY, LARRY

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

3230 N. POWERLINE RD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

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

REGISTERED AGENT MUST SIGN

Date 12/19/05

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
PRESIDENT	HARDY, LARRY	3230 N. POWERLINE RD	POMPANO BEACH, FL 33069
VICE-PRES	FREEDMAN, BRUCE	14816 99TH STREET NORTH	WEST PALM BEACH, FL 33412
SECRETARY	STARLING, WILLIAM	3322 SUNRISE BLVD	FORT PIERCE, FL 34982

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2005

Date

954-971-9902

Daytime Phone #

12-18-07