

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 NOV 21 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000025298**

1. Corporation Name

**COMPASS COMMUNICATIONS OF SOUTH FLORIDA, INC.**

Principal Place of Business

510 PHILLIPS DRIVE  
BOCA RATON FL 33432

Mailing Address

510 PHILLIPS DRIVE  
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/2001

5. FEI Number

65-1089036

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MASTICS-KIRBY, MARSHA	510 PHILLIPS DRIVE	BOCA RATON FL 33432

600024925486  
11/21/03--01045--009 \*\*150.00

8. Name and Address of Current Registered Agent

GASS, DANIEL G.  
10001 NW 50TH STREET SUITE 204  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/5/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

Daytime Phone #

CR2EQ40 (7/03)

To: State of Florida  
Department of State:

From: Compass Communications of  
S.F., Inc.

Please accept this letter and  
check in order to reinstate  
my Corporation, Compass Communications of S.F., Inc.

I have had many problems  
with mail service since I moved  
my office mail location for receiving  
my mail.

I sincerely apologize for  
any inconvenience I have caused  
by not remembering on my own  
to send in an annual report.

We did not receive the 2 prior UBR  
notices and so I am sending you  
the only notice I have gotten from  
your Dept. along with payment.

Sincerely

Maisha Kirby aka Maisha Martin Kirby

Compass Communications of S.F., Inc.  
65-1089036