PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -8 PM 12:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

02-03 WEB

DOCUMENT # P01000040080

1. Corporation Name

Better Beepers and Phones of Jacksonville

800015743698
04/11/03--01013--008 **300.00

2. Principal Office Address	3. Mailing Office Address
5751 N. Main	5751 N. Main
Suite, Apt. #, etc. #106	Suite, Apt. #, etc. #106
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32208 Country Duval	Zip 32208 Country Duval

4. Date Incorporated or Qualified To Do Business in Florida 4/20/2001

5. FEI Number 59-3714365 ☐ 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: Robert W. Gould

Street Address (P.O. Box Number is Not Acceptable): 3701 Danforth Dr. #1318

Suite, Apt. #, Etc.:

City: Jacksonville, FL State: FL Zip Code: 32224

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: Robert Gould Date: 4/8/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Robert Gould	3701 Danforth Dr. #1318	Jacksonville, FL 32224

RG 4/8

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: Robert Gould Robert Gould 4/8/03 (727)710-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #