

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000055725**

**1. Corporation Name**

**Beepers N Phones of South Florida, Inc**

**2. Principal Office Address**

**3350 East Bay Dr**

Suite, Apt. #, etc.

City & State

**Largo FL 33771**

Zip

**33771**

Country

**USA**

**3. Mailing Office Address**

**3350 East Bay Dr**

Suite, Apt. #, etc.

City & State

**Largo FL**

Zip

**33771**

Country

**4. Date incorporated or Qualified  
To Do Business in Florida**

**6/5/2001**

**5. FEI Number**

**593724617**

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

**Ron Pownall**

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

**3350 East Bay Dr**

Suite, Apt. #, Etc.

City

**Largo**

State

**FL**

Zip Code

**33771**

**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

**12/05/02**

**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	Ron Pownall	3350 East Bay	Largo FL 33771
Tres	Greg Baker	" "	" "
Secr	John Kerns	" "	" "
VPres	Carson Baker	" "	" "

**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

**12/05/02**

Date

**727-244-1151**

Daytime Phone #

CR2E081 (9/01)

LAW OFFICES OF  
*Perlman & Kligerman*

An Independent Association Of Attorneys

\*Joseph N. Perlman joseph@pk-lawfirm.com  
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\*Also Admitted in Ohio

\*Certified Circuit Court Mediator

Secretary of State  
Div. of Corp.  
P.O. Box 6317  
Tallahassee, Florida 33299

Re Beepers N Phones of South Florida Inc.  
No. P01000055725

Dear Sir/Madam,

I represent the above company which was dissolved on Oct. 4, 2002. My client was the purchaser of shares of stock of this company and was advised that the payment for the annual fee had been made. Therefore, we would like to send you \$150.00 to reinstate the corporation and have you waive the reinstatement fee.

Please advise me if this is acceptable to you.

Very truly yours,

Joseph N. Perlman, Esq

cc client