

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000057555

1. Corporation Name

DIALTONE EXCHANGE, INC.

Principal Place of Business

2186 NOVA VILLAGE DRIVE  
DAVIE FL 33317

Mailing Address

2186 NOVA VILLAGE DRIVE  
DAVIE FL 33317

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/2001

5. FEI Number

65 1116113

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SAVIN, ROGER JR	2186 NOVA VILLAGE DRIVE	DAVIE FL 33317

8. Name and Address of Current Registered Agent

SAVIN, ALEXANDRA C  
2186 NOVA VILLAGE DRIVE  
DAVIE FL 33317

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

CR2E040 (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

10/24/02

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 #

646-8445

10-24-2002

Page 2 of 2

**DIALTONE EXCHANGE, INC.**  
**4370 Oakes Road, Suite 730**  
**Davie, FL 33314**  
**Ph: (954) 689-7474**  
**Fax: (954) 689-7476**

October 24, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find check # 1143 in the amount of \$150.00 as well as the UBR form duly filled and signed by myself in order to reinstate my company. As I explained in a telephone conversation to a representative from your office this morning, we never received any notice of dissolution of our corporation.

Thank you for making all necessary arrangements and best regards.

  
Roger Savain Jr.  
President