

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000087791**

1. Corporation Name

TELEWRX, INC.

Principal Place of Business

~~17252 BALBOA POINT WAY~~
~~BOCA RATON FL 33487~~

Mailing Address

17252 BALBOA POINT WAY
BOCA RATON FL 33487

~~17252~~

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

2. New Principal Office Address, If Applicable

6421 Congress Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. New Mailing Office Address, If Applicable

6421 Congress Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Boca Raton, FL

Zip

33487

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2001

5. FEI Number

☒ 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
Chairman D	Donald Smiley	6421 Congress Ave., Ste. 206	Boca Raton, FL 33487
VChair D	Robert Brown	6421 Congress Ave., Ste 206	Boca Raton, FL 33487
CEO D	Michael Brown	6421 Congress Ave., Ste. 206	Boca Raton, FL 33487
COO	Jerry Duling	6421 Congress Ave., Ste. 206	Boca Raton, FL 33487

8. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE SUITE 330
BOCA RATON FL 33486

REINSTATEMENT

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

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
MICHAEL P. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-02 (561) 994-1774

Daytime Phone #