

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -6 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P 02000117162**

**1. Corporation Name**

American Telephone Corporation

**2. Principal Office Address**

5429 E. Arthur Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Inverness, FL

**City & State**

**Zip**

34452

**Country**

US

**Zip**

**Country**

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

Oct. 31, 2002

**5. FEI Number**

71-0911120

**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 Lichtenthal

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

5429 E. Arthur Street

**Suite, Apt. #, Etc.**

**City**

Inverness

**State**

FL

**Zip Code**

34452

**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 Lichtenthal*  
REGISTERED AGENT MUST SIGN

**Date** 09/29/2003

**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
P	Jean Lichtenthal	5429 E. Arthur Street	Inverness, FL 34452
D	Robert Lichtenthal	5429 E. Arthur Street	Inverness, FL 34452

**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 Lichtenthal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Lichtenthal DIRECTOR 09/29/2003 (352) 860-2443

**Date**

**Daytime Phone #**

CR2E081 (10/02)

21 10/6

**ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.**

**INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION**

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** Type or print principal office address in Block 2.
- Block 3** Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10** This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

**MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.**

**FEES:**

	<b>PROFIT CORPORATION</b>	<b>NON-PROFIT CORPORATION</b>
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$ 61.25 (for each year dissolved)	\$ 61.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	\$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	<b>\$750.00</b>	<b>236.25</b>

**Fees to Reinstate\* Effective January 1, 2003**

<b>YEAR DISSOLVED</b>	<b>IF A PROFIT CORPORATION</b>	<b>IF A NON-PROFIT CORPORATION</b>
1993	\$2,250.00	\$848.75
1994	2,100.00	787.50
1995	1,950.00	726.25
1996	1,800.00	665.00
1997	1,650.00	603.75
1998	1,500.00	542.50
1999	1,350.00	481.25
2000	1,200.00	420.00
2001	1,050.00	358.75
2002	900.00	297.50
2003	750.00	236.25

\*If dissolved prior to 1993, call 850-245-6059 for filing fee information.

\*Add additional \$8.75 for each certificate of status requested.

**Mailing Address:**

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

**Courier Service Address:**

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

**Internet Address:**

<http://www.sunbiz.org>

(850) 245-6059

Hearing/Voice Impaired may  
call (850) 245-6096 (TDD)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000117162

1. Entity Name

Florida Telephone Cororation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5429 E. Arthur Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Inverness, FL

City & State

4. FEI Number 71-0911120

Applied For  
Not Applicable

Zip  
34452

Country  
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Lichtenthal

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

5429 E. Arthur Street

City Inverness

FL

Zip Code  
34452

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Lichtenthal

Se09/30/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	P- Jean Lichtenthal	5429 E. Arthur Street	Inverness FL 34452
DIRECTOR	D- ROBERT LICHTENTHAL	5429 E. ARTHUR ST	INVERNESS, FL 34452

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIRECTOR

9/29/2003

(352) 860-2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/02)

# FOR PROFIT CORPORATION

## Uniform Business Report (UBR) Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.**

### Reminder:

1. Information must be typed or printed in ink and legible.
2. Signature in Block 12.
3. Submit with total amount due in the form of a **separate check** for each filing. (Payable in United States Funds through a United States Bank to Florida Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. **DO NOT MAKE ANY MARKS IN BLOCK 6.**
- Block 7. The law requires that each entity have a Registered Agent with a **Florida street address**. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT, however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filing fee.
- Block 10. Enter the current Officers/Directors in Block 10. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.**
- Block 11. **PLEASE DO NOT MAKE ANY MARKS IN BLOCK 11.**
- Block 12. **This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.**

### Mail to:

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Other Correspondence Address:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Internet Address:  
[www.sunbiz.org](http://www.sunbiz.org)

Courier Address: (overnight delivery)  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Phone: (850) 488-9000  
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/ revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

*American Telephone Corporation*

*5429 E. Arthur Street*

*Inverness, FL 34452*

*(352) 860-2443*

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
(850) 245-6059

September 29, 2003

To whom it may concern,


Please be advised that our company did not receive the Uniform Business Report filing form for the year 2003. I have called your office and verified that your records show these documents were returned to your office by the USPS as undeliverable.

Our Corporate Document Number is P 02000117162 and our Federal Employer Identification Number (FEIN) is 71-0911120

I am including a completed UBR for the year 2003, a completed Corporate Reinstatement Form along with the One hundred fifty dollar (\$150.00) filing fee. We are asking that your office waive the late fee and reinstate our company's good name.

I want to thank you in advance for your cooperation in rectifying this problem.

Sincerely,



Robert Lichtenthal,  
Director,  
American Telephone Corporation