

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 29 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000046086

1. Corporation Name

DIRECT COMMUNICATIONS NETWORK INC

2. Principal Office Address

7557 W. SANDLAKE RD

3. Mailing Office Address

7557 W. SANDLAKE RD

Suite, Apt. #, etc.

146

Suite, Apt. #, etc.

146

City & State

ORLANDO FL

City & State

ORLANDO FL 32819

Zip

32819

Country

USA

Zip

32819

Country

USA

REINSTATEMENT

06

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2005

5. FEI Number

02-0718125

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

THOMAS W. HARRELL

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

7557 W. SANDLAKE RD

Suite, Apt. #, Etc.

146

City

ORLANDO

State

FL

Zip Code

32819

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

THOMAS W. HARRELL

Date 9-24-06

REGISTERED AGENT MUST SIGN

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	THOMAS W. HARRELL	7557 W. SANDLAKE RD	ORLANDO FL 32819
V/P	WILLIAM HARRELL	7557 W. SANDLAKE RD	ORLANDO FL 32819

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 contained in Chapter 119, 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:

THOMAS W. HARRELL 9/24/06

Date

Daytime Phone #

K Eckel SEP 29 2006

Florid Corporations

2/2

9-24-06

Please be ADVISED THAT I NEVER RECEIVED  
PRIOR NOTICE, THEREFORE I AM ENCLOSING  
150.00 REINSTATEMENT AND 8.75 FOR STATUS

THANK YOU  
THOMAS HARRELL