

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN -8 PM 4:39

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000129945

1. Corporation Name

Fax Intelligence, Inc.

2. Principal Office Address - No P.O. Box #

2416 Shoreham Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2416 Shoreham Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip 32803 Country USA

City & State

Orlando, FL

Zip 32803 Country USA

REINSTATEMENT 07-09ks

4. Date Incorporated or Qualified To Do Business in Florida

01/21/2005

5. FEI Number

203475153

☒ 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 Albert A. Prast

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

2416 Shoreham Road

Suite, Apt. #, Etc.

City Orlando

State FL

Zip Code 32803

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

Date 1/07/09

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
Mr.	Albert A. Prast	2416 Shoreham Rd	Orlando, FL 32803

600140053616  
01/08/09--01032--020 \*\*1050.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/09

Date

321.806.0333

Daytime Phone #