

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 30 PM 3:22

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REINSTATEMENT

08-10

DOCUMENT # P07000048260

1. Corporation Name

NETTALK VOICE INC.

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

1071 Ridge Street

Suite, Apt. #, etc.

3. Mailing Office Address

1071 Ridge Street

Suite, Apt. #, etc.

City & State

Winter Springs, Florida

Zip

32708

Country

City & State

Winter Springs, Florida

Zip

32708

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2007

5. FEI Number

22-3963449

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State
FL

Zip Code
33145

☒ 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 607.0605 or 617.0603, F.S.

Spiegel & Utrera, P.A.

Signature of
Registered Agent

By:

Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Johnson, Everton	1071 Ridge Street	Winter Springs, Florida 32708
SD	Loshosan, Sharon	1071 Ridge Street	Winter Springs, Florida 32708

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:

Everton Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Everton Johnson, President

3/24/2010

Date

954-324-8730
Daytime Phone #