PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 18 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19092**

1. Corporation Name

COMMUNICATIONS CENTRAL OF GEORGIA, INC.

Principal Place of Business	Mailing Address
1150 NORTHMEADOW PKWY..118 ROSEWELL GA 30076	1429 MASSARO BLVD. TAMPA FL 33619 US

REINSTATEMENT 98

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1429 Massaro Boulevard	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33619 / Country: US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/03/1988

5. FEI Number: 58-1685713 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PCEC~~ P D	~~JOHNSON, RODGER K~~ Hill, David R.	~~8705 RIVER TRACE~~ 1429 Massaro Boulevard	~~ROSEWELL GA 30076~~ Tampa, FL 33619
~~V~~ S	~~SELLIDGE, BARRY~~ Rammelkamp, Theodore C.	~~7165 POLO HILL~~ 1429 Massaro Boulevard	~~CUMMING GA 30130~~ Tampa, FL 33619
~~VT~~ T	~~MC KEEVER, C. DOUGLAS~~ Hayes, Miachaël E.	~~5629 BALL MILL ROAD~~ 1429 Massaro Boulevard	~~DUNWOODY GA 30338~~ Tampa, FL 33619
~~D~~	~~FISHER, ROBERT, C, JR~~	~~475 METROPLEX DRIVE, SUITE 506~~	~~NASHVILLE TN 37211~~
~~D~~	~~SCHOBER, PETER, A~~	~~45 MILK ST., 9TH FLOOR~~	~~BOSTON MA 02109~~
~~D~~	~~GRIFFITHS, PAUL R~~	~~30 ST. JAMES PLACE~~	~~LONDON SW1A 1HB ENGLAND~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

100002721771--9
12/24/98--01035--010
****670.00

CR2E040 (9/98)

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.

Signature of Registered Agent: Deborah D. Skipper SIGNATURE REQUIRED — Date: 11-30-98
REGISTERED AGENT MUST SIGN

100002721771--9
12/24/98--01035--011
****88.75

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for ****88.75 on intangible tax.)

12. 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: Theodore C. Rammelkamp SIGNATURE REQUIRED — 11-16-98 — 813-623-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Theodore C. Rammelkamp