

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P25817

1. Corporation Name

ALLTEL COMMUNICATIONS PRODUCTS, INC.

Principal Place of Business

Mailing Address

13560 MORRIS ROAD  
ALPHARETTA GA 30004  
US

13560 MORRIS ROAD  
ALPHARETTA GA 30004  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-4359937

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>P</del>	<del>CHESBRO, SCOTT</del>	<del>13560 MORRIS ROAD</del>	<del>ALPHARETTA GA 30004</del>
C	CALCAGNO, JOHN	13560 MORRIS ROAD	ALPHARETTA GA 30004
<del>SVP</del>	<del>HADLEY, DAVE</del>	<del>13560 MORRIS ROAD</del>	<del>ALPHARETTA GA 30004</del>
P	Keith Kostuch	13560 Morris Road	Alpharetta, GA 30004
VP	Bruce P. Thomas	13560 Morris Road	Alpharetta, GA 30004

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

600024064236

Suite, Apt. #, Etc.

10/24/03-01011-020 \*\*200.00

City

09/09/03 01060 020

State

FL

Zip Code

550.00

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

JENNIFER F AULTMAN  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10.13.2003

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-2003 678-351-8694

CR20040 (7/03)