PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99-00 AR

FILED
00 JUL 21 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # P35341

1. Corporation Name
ProComm Telecommunications, Inc.

2. Principal Office Address	3. Mailing Office Address
1377 Business Ctr. Dr.	1377 Business Ctr. Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Conyers, GA	City & State: Conyers, GA
Zip: 30094 Country: USA	Zip: 30094 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/91

5. FEI Number: 58-1927156 ☐ 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

600003349346--5
-08/08/00--01064--007
****300.00 ****300.00

Name: Norman Barncord

Street Address (P.O. Box Number is Not Acceptable): 7012 Biddy Lane

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32210

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: Norman F. Barncord — Date: 7/18/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P	Thomas B. Reardon	4390 Bowen Road	Stockbridge, GA 30281
S	Cathy S. Reardon	4390 Bowen Road	Stockbridge, GA 30281

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 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: Cathy S. Reardon Cathy S. Reardon 7-12-00 770-760-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ProComm
Telecommunications, Inc.
...Whatever It Takes

July 17, 2000

Florida Department of State
Qualification / Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: ProComm Telecommunications, Inc.

Dear Sir or Madam:

Please find enclosed our Corporation Reinstatement form. We have checked our records and have nothing to indicate receipt of the renewal form for either year 1999 or 2000, which we usually receive annually in April. Please accept our enclosed check in the amount of $300 and waive the late fee accordingly.

Your assistance is greatly appreciated.

Sincerely,

Catherine Bascle

Catherine Bascle
Office Manager

Enclosures

1377 Business Center Drive, Conyers, Georgia 30094 • Phone: (770) 760-8660 • Fax: (770) 760-7470 • Internet: www.procommtelecom.com