P37225

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 JUN 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37225

1. Corporation Name
Phoneworks, Inc.

Principal Place of Business / Mailing Address
146 2nd Street North
Suite 201
St. Petersburg, FL 33701

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 12/26/84

5. FEI Number: 22-2582612 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
P	Brad Wendkos	160 25th Ave North	St. Petersburg FL 33701
T,S	James Durning	146 2nd St. North, #201	St. Petersburg FL 33701

REINSTATEMENT 93-98 CC

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-06/30/98--01007--003
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent
Brad Wendkos
160 25th Avenue North
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent
Name: James Rowe
Street Address (P.O. Box Number is Not Acceptable): 4th Floor, NorthTower
Suite, Apt. #, Etc.: 100 2nd Ave. North
City: St. Petersburg, State: FL Zip Code: 33701

CR2E040 (12/96)

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: James C. Rowe
REGISTERED AGENT MUST SIGN
Date: 6/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information 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: James Durning - Treas. 6/23/98 813-823-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32474F.1