

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P92000003670

1. Corporation Name

SPRINT (BAY AREA), INC.

Principal Place of Business

Mailing Address

18940-19 NORTH
CLEARWATER FL 34624
US

SPRINT SUPPLIER DISB. MAILSTOP KSOPKD0133
6860 W. 115TH ST.
OVERLAND PARK KS 66211-2400
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1992

5. FEI Number

59-3155549

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	BROCHU, GUY	300 VIGER AVE EAST-6TH FLOOR	MONTREAL QU
AS	BERMAN, RUSSELL S.	1114 AVE OF THE AMERICAS-NY,	NEW YORK NY
O	HREN, REN	18940 U S 19TH NORTH	CLEARWATER FL
CD	BEAUDRY, GUY G	300 VIGER AVENUE EAST - 6TH FLOOR	MONTREAL QU
VT	MICHEL, ALAIN	300 VIGER AVENUE EAST 6TH FLOOR	MONTREAL QU
COO	MUSTAIN, PHIL	975-H INDUSTRIAL RD	SAN CARLOS CA 94022

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, BRUCE S.
500 EAST KENNEDY BLVD STE 200
TAMPA FL 33602

Name
CORPORATION SERVICE CO.
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
Suite, Apt. #, Etc.

City
TALLAHASSEE
State
FL
Zip Code
32301

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
Date 12/21/00
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/27/00
Daytime Phone # (913) 315-5833