

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT # P93000011572

1. Corporation Name

NOTES ON CALL, INC.

Principal Place of Business

Mailing Address

146 2ND ST. NO.
SUITE 201
ST. PETERSBURG FL 33701

146 2ND ST. NO.
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

2887 - 22nd Avenue North

Suite, Apt. #, etc.

Suite D

City & State

St. Petersburg, FL 33713

Zip

Country

3. New Mailing Office Address, If Applicable

2887 - 22nd Avenue North

Suite, Apt. #, etc.

Suite D

City & State

St. Petersburg, FL 33713

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1993

5. FEI Number

65-0400628

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
1	2	3	4
POTS	WENDKOS, BRAD	160 25TH AVENUE	ST. PETERSBURG FL 33704

8. Name and Address of Current Registered Agent

JAMES C ROWE
100 2ND AVENUE, S
4TH FLOOR, NORTH TOWER
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name
James C. Rowe
Street Address (P.O. Box Number is Not Acceptable)
100 2nd Avenue South
Suite, Apt. #, Etc.
Suite 1201, South Tower
City
St. Petersburg
State
FL
Zip Code
33701

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/19/01

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.

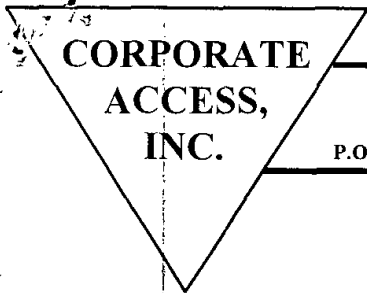
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/29/01 727-328-8474



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

12/26/01 *MD*

Offhand

CERTIFIED COPY

CUS

✓ PHOTO COPY

✓ FILING

Reinstatement

1.)

Notes on Call, Inc.

(CORPORATE NAME & DOCUMENT #)

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

\$900.00

File First

SPECIAL INSTRUCTIONS

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