

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 24 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012293

1. Corporation Name

ATTWOOD COMMUNICATIONS CORPORATION

2. Principal Office Address

536 N. ORANGE AVE.

3. Mailing Office Address

536 N. ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

Zip

Country

Zip

Country

32763

32763

REINSTATEMENT

94-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/199

5. FEI Number

59-3257746

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

Name

Frank L. Attwood

600004679346--3

-11/14/01--01086--014

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

2521 Anaconda Trail

*****1800.00 *** 800.00**

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

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

Date **October 19, 2001**

REGISTERED AGENT MUST SIGN

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, S, T, D	Frank L. Attwood	2521 Anaconda Trail	Maitland, FL 32751
			LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT. 22, 2001

407-463-8446

CR2001 (9/00)