PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham **FOR** Secretary of State 97 APR 29 AM 11: 43 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P9300003444 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name Constant Communications Mailing Address Principal Place of Business 1205 Truman ave. REINSTATEMENT 910-9-Key West, F7 330410 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 6465-0413690 Not Applicable  $xe \sim mes_{\star}$ \$8.75 Additional Fee required Ζıρ Country CERTIFICATE OF STATUS DESIRED رزع ۵۲۸ (*و* 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) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors (Do NOT Use Post Office Box Numbers) les Ored Kerr 3314175ideDr. 4448 xe-1657. £1330-10 100002164031--2 -05/02/97--01113--005 \*\*\*\*915.00 \*\*\*\*\$15.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) 3314 7 510 Dr. Suite, Apt. #, Etc. 33 U-\ ROSUN 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 Low Date 4 28 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information No 🗸 Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes L 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 filling 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 bwed 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 305604-5018