PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1000,000 FLORIDA DEPARTMENT OF STATE APFLICATION Sandra B. Mortham FOR Secretary of State SECRETARY OF STATE REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P93000061059 97 JUH 17 AM 9: 38 1. Corporation Name RAPID COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1461 Banks Road (Same) Margate, Florida 33063 If above addresses are incorrect in any way, tine through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address. If Applicable Date Incorporated or Qualified To Do Business in Florida 8/31/93 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0435155 Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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 and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zin Title(s) PST Douglas_Sinclair_ 1461 Banks Road Margate, Florida 33063 300002216113--4 -06/18/97--01082--018 PRINSTATEMENT 95-92 JUN 1 7 1997 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name William F. Carrigan, Jr. Craig Z. Sherar, Esq. Street Address (P.O. Box Number is Not Acceptable) 201 E. Jefferson Street 3250 Mary Street, #202 Gyracuse, New York 13202 State Zip Code **FL** | 33133 Coconut Grove ith and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation Signature of Registered Agent Date 4-21-97 GISTERED AGENT MUST SIGN 11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) Yes I 12.1 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: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR