PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT -6 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078056

1 Corporation Name
THE MESSAGE ON HOLD NETWORK, INC.

Principal Place of Business	Mailing Address
8176 Woodland Ctr. Blvd. Tampa, Florida 33614	8176 Woodland Ctr. Blvd, Tampa, Florida 33614

REINSTATEMENT 1999

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

4 Date Incorporated or Qualified To Do Business in Florida: 11/05/93

5 FEI Number: 59-3215287 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Byron Lancaster	8176 Woodland Ctr. Blvd.	Tampa, Florida 33614
VP	James R. Seligman	8176 Woodland Ctr. Blvd.	Tampa, Florida 33614

100003018811---3
-10/19/99--01001--011
****750.00 ****750.00

8 Name and Address of Current Registered Agent

Byron Lancaster
8176 Woodland Ctr. Blvd.
Tampa, Florida 33614

9 Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10 I, being appointed the registered agent of the above named corporation, familiarize with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Byron Lancaster — REGISTERED AGENT MUST SIGN — Date 10/06/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 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: Byron Lancaster — 10/06/99 (Date) — (813)882-8228 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OTHER OFFICER OR DIRECTOR
Byron Lancaster, President

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