

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 11 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078171

1. Corporation Name

Itel, Inc.

Principal Place of Business

8933 Western Way
Suite 20
Jacksonville, FL 32256

Mailing Address

8933 Western Way
Suite 20
Jacksonville, FL 32256

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

910-97

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida November 12, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3207296	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
PD	Mark Mullins	8933 Western Way, Suite 20	Jacksonville, FL 32256
VPGM	Donald A. Eisenstein	8933 Western Way, Suite 20	Jacksonville, FL 32256

JB4-11-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Mark Mullins 8933 Western Way, Suite 20 Jacksonville, FL 32256		Name	
		Street Address (P.O. Box Number is Not Acceptable) 8933 Western Way, Suite 20	
		Suite, Apt. #, Etc. 	
		City	State FL

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

M. Mullins

Date 4-8-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

M. Mullins

Mark Mullins
President

4-8-97

(904) 363-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (12/96)