

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P94000006637**

1. Corporation Name

**RAPID LINK, INC.**

**FILED**

**97 JUN 13 AM 11:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**% VICKY KENNA  
502 N.W. 75TH ST., STE. 299  
GAINESVILLE FL 32607**

Mailing Address

**% VICKY KENNA  
502 N.W. 75TH ST., STE. 299  
GAINESVILLE FL 32607**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
**1031 NW 6<sup>th</sup> St. Suite B1**  
City & State  
**Gainesville Fla.**

Zip  
**32601** Country  
**Alachua**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**SAME**  
City & State

Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

**01/18/1994**

5. FEI Number

**59-3245854**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>D</b>	<b>KENNA, VICKY</b>	<b>502 N.W. 75TH ST., STE. 299</b>	<b>GAINESVILLE FL 32607</b>

**200002215862--8  
-06/18/97--01070--008  
\*\*\*\*915.00 \*\*\*\*915.00**

**DB 6-16-97**

8. Name and Address of Current Registered Agent

**ALLEN, HERBERT L JR.  
AMERICAN LAW CENTER  
1831 N.W. 19TH ST., STE. 1  
GAINESVILLE FL 32609**

9. Name and Address of New Registered Agent

Name  
**Vicky Kenna**  
Street Address (P.O. Box Number is Not Acceptable)  
**16609 NW 171 PL.**  
Suite, Apt. #, Etc.

City  
**Alachua**

State  
**FL**

Zip Code  
**32615**

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  
**Vicky Kenna**  
REGISTERED AGENT MUST SIGN

Date  
**6-1-97**

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: Vicky A. Kenna Vicky A. Kenna**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-97**  
Date  
**Dis: 352 332-2028**  
**Dsk: 352 336-2081**  
Daytime Phone #

CR2E040 (7/96)