

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 PM 12:00

DOCUMENT # P94000033873 (8)

1. Corporation Name

LYCOMM COMMUNICATIONS, INC.

8000003253368--2
-05/19/00--01103--033
****900.00 ****900.00

2. Principal Office Address

2535 Success Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

USA

3. Mailing Office Address

2535 Success Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1994

5. FEI Number

59-3239304

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard W. Baker

Street Address (P.O. Box Number is Not Acceptable)

2535 Success Drive

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent R. W. Baker

REGISTERED AGENT MUST SIGN

Date 4/21/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Nancy Lycan	2413 Bayshore Blvd., #802	Tampa, FL
VP	C. Thomas Burton	50 West Liberty Street, #650	Reno, NV 89501
/S/T	Richard W. Baker	2535 Success Drive	Odessa, FL 33556

Handwritten signature/initials

10. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #