

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAY 20 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940.000 48353

1. Corporation Name

AFTER COMMUNICATIONS
PRODUCTS, INC.

REINSTATEMENT

00-02

2. Principal Office Address

1750 Osceola Drive

3. Mailing Office Address

1750 Osceola Drive

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-28-94

5. FEI Number

650510912

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

Haryman, G.C.

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

1750 Osceola Drive

Suite, Apt. #, Etc.

Suite 2

City

West Palm Beach

State

FL

Zip Code

33409

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

Gerard Harryman

REGISTERED AGENT MUST SIGN

Date 05-02-02

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
Pres/Secy	Gerard Harryman	1750 Osceola Drive	West Palm Beach, FL 33409

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

05-02-02 561-688-2796

Date

Daytime Phone #

CR2E081 (9/01)