

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 # P94000050017

1. Corporation Name

AUTOMATED TELEPHONE SYSTEMS, INC.

Principal Place of Business

1601 BELVEDERE ROAD
SUITE 401 SOUTH
W PALM BCH FL 33406
US

Mailing Address

1601 BELVEDERE RD
401 SOUTH
W PALM BCH FL 33406
US

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

07/06/1994

5. FEI Number

65-0563863

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)

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	POWELL, JERRY	3118 MEDINAH CIRCLE	LAKE WORTH FL
S	GASSO, ROBYN	3118 MEDINAH CIRCLE	LAKE WORTH FL
T	POWELL, KERRI	3118 MEDINAH CIRCLE	LAKE WORTH FL
V	POWELL, JEANNE	3118 MEDINAH CIRCLE	LAKE WORTH FL

100002332321-1

01/07/98-01043-006

LAKE WORTH, FL 33409

15-98

8. Name and Address of Current Registered Agent

POWELL, JERRY
1601 BELVEDERE RD
401 SOUTH
W PALM BCH FL 33406

9. Name and Address of New Registered Agent

Box Num is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/29/97

11. This corporation ~~owes~~ or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 JAN -2 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR20040 (8/97)