

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 915.00

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 DEC -5 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061563

1. Corporation Name

TRAVELERS COMMUNICATION NETWORK INC.

6377-20741

Principal Place of Business

Mailing Address

800 W. PLATT STREET  
SUITE 4  
TAMPA FL 33606

800 W. PLATT STREET  
SUITE 4  
TAMPA FL 33606

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

2. New Principal Office Address, If Applicable  
777 S. HARBOUR ISLAND  
SUITE, Apt. #, etc.  
#990

3. New Mailing Office Address, If Applicable  
SAME  
SUITE, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1994

5. FEI Number

59-3258217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
D	BURKHARDT, DONALD C	800 W. PLATT STREET, SUITE 4	TAMPA FL 33606
		777 S. HARBOUR ISLAND #990	TAMPA, FL. 33602

REINSTATEMENT

96-97

A. Almy  
12/5/97

800002368628--2  
-12/10/97-01104--002

\*\*\*915.00 \*\*\*915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKHARDT, DONALD C  
800 W. PLATT STREET SUITE 4  
SUITE 4  
TAMPA FL 33606

Name

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

777 S. HARBOUR ISLAND Blvd  
SUITE, Apt. #, Etc.  
#990

City

TAMPA, FL

State  
FL

Zip Code

33602

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

Donal C. Burkhardt

REGISTERED AGENT MUST SIGN

Date 9-30-97

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:

Donal C. Burkhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-97

Date

(813) 273-6261

Daytime Phone #

CR2040 (7/96)