

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **REINSTATEMENT**



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

FILED
99 NOV -8 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068108**

1. Corporation Name **LEAST COST ROUTING, INC.**

Principal Place of Business
2944 HEATHER TRAIL
CLEARWATER, FL 34621

Mailing Address
20 E. BROWARD BLVD.
FT. LAUDERDALE, FL 33301

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

2. New Principal Office Address, If Applicable
21905 US 19 NORTH
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
21905 US 19 NORTH
Suite, Apt. #, etc.

REINSTATEMENT **99**
4. Date Incorporated or Qualified To Do Business in Florida **09/15/1994**

City & State
CLEARWATER FL
Zip **33765** Country **US**

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CLEARWATER FL
Zip **33765** Country **US**

5. FEI Number
59-3266693

Applied Fee **SP**
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 |
|-----------------|--------------------------------------|--|--|
| CFO | PAUL SINGH | 1700 OLD MEADOW RD, STE 300 | MCLEAN, VA 22102 |
| CFO | NEIL HAZARO | " | " |
| DIRECTOR | JOHN DEPODESTA | " | 200003052767-8 -11/23/99--01026--032 ****758 75 ****758.75 |
| GENERAL MANAGER | JESSICA ALVAREZ | 21905 US 19 NORTH | CLEARWATER, FL 33765 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

~~HERB ZERDEN~~
~~2944 HEATHER TRAIL~~
~~CLEARWATER, FL 34621~~

9. Name and Address of New Registered Agent

Name **JESSICA ALVAREZ**
Street Address (P.O. Box Number is Not Acceptable)
21905 US 19 NORTH
Suite, Apt. #, Etc.
City **CLEARWATER** State **FL** Zip Code **33765**

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 **10/18/99**

11. This corporation owes 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

JESSICA ALVAREZ

Date **10/18/99** (727) 799-9709

CR2081 (12/96)