

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000083824

1. Corporation Name

TELECARD DISPENSING CORP.

Principal Place of Business

Mailing Address

1909 TYLER STREET
5TH FLOOR
HOLLYWOOD FL 33020
US

1909 TYLER STREET
5TH FLOOR
HOLLYWOOD FL 33020
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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1994

5. FEI Number

65-0533926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COHEN, HARRIS	1909 TYLER STREET, 5TH FLOOR	HOLLYWOOD FL

800003063618--9
-12/07/99--01097--011
\$\$\$750.00 \$\$\$750.00

11/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTZER, CRAIG A.
20801 BISCAYNE BLVD.
SUITE 424
AVENTURA FL 33180

Name
John Scapini
Street Address (P.O. Box Number is Not Acceptable)
1909 Tyler Street
Suite, Apt. #, Etc.
5th Floor
City
Hollywood

State
FL
Zip Code
33020

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

11/16/99

11. I certify that I am an officer or director of 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/99

CR2594 (rev)