

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 NOV 26 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000005452

1. Corporation Name

Teltrust Group, Inc.

Principal Place of Business

2375 Tamiami Trail, North
Suite 300
Naples, Florida 33940

Mailing Address

2375 Tamiami Trail North
Suite 300
Naples, Florida 33940

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

399 5th Avenue South

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

399 5th Avenue South

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

January 20, 1995

5. FEI Number

65-0549069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$5.75 Annual Fee required
for all corporations

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34102

Country

USA

Zip

34102

Country

USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Eli Baron	399 5th Avenue South	Naples, Florida 34102
			100002360801-0
			-12/02/97-01051-009
			****758.75 ****758.75
			REINSTATEMENT (97)
			A. Alan
			11/20/97

8. Name and Address of Current Registered Agent

Joseph R. Locker, Jr.
350 Fifth Avenue South
Suite 200
Naples, Florida 33940

9. Name and Address of New Registered Agent

Name

Eli Baron

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

399 5th Avenue South

Suite, Apt. #, Etc.

City
NaplesState
FLZip Code
34102

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 NOV-25-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Eli Baron, Director

NOV-25-97