

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 # **P95000011420**

1. Corporation Name

**FAMILY DATA COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

7 PEPITA ST.  
FT. MYERS BEACH FL 33931

P.O. BOX 2863  
FT. MYERS BEACH FL 33932

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** 96 AD

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1995

5. FEI Number

65-0686725

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)	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	CHURCH, DONNA J	7 PEPITA ST.	FT MYERS BEACH FL 33931
DV	CHAPMAN, THOMAS H	5091 LEXINGTON BLVD.	FT. MYERS FL 33919
DST	BRANTLEY, MARJORIE J	1209 N. RIVER RD.	LA BELLE FL 33935

980002001219--2  
-11/08/96--01118--023  
\*\*\*\*\*383.75 \*\*\*\*\*383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

Name  
**DONNA J. CHURCH**

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

**7 PEPITA STREET**

Suite, Apt. #, Etc.

**FORT MYERS BEACH**

City

**FORT MYERS BEACH,**

State

**FL**

Zip Code

**33932**

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

*[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **30 OCTOBER 1996**

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONNA J CHURCH**

**30 OCTOBER 1996 941/275-9541**  
Date Daytime Phone