PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98-99 A.R.

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

98 FEB 10 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002784271--4
-02/23/99--01038--009
****550.00 ****550.00

DOCUMENT # P95000020053 ( )

1. Corporation Name

Kallmark Telecom, Inc.

Principal Place of Business	Mailing Address
476 Highway AIA Suite 7-A Satellite Beach, FL 32937	476 Highway AIA Suite 7-A Satellite Beach, FL 32937

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
302 E. Strawbridge Ave Suite, Apt. #, etc.	302 E. Strawbridge Ave. Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne FL
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/10/95

5. FEI Number: 59-3297587 ☐ Applied For ☐ 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)

Title(s) *1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSD	Clifford Michael K	7025 S. Tropical Trail	Merritt Island FL 32901
S	Clifford Lindsey	7025 S. Tropical Trail	Merritt Island, FL 32901
D	Salvati Vince	1800 McGill College 17th Floor	Montreal QU
			100002784271--4
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			****150.00 ****150.00

8. Name and Address of Current Registered Agent

Waldrop, Thomas D
1600 East Gallie Blvd #205
Melbourne FL 32935

9. Name and Address of New Registered Agent

Name: Michael K. Clifford
Street Address (P.O. Box Number is Not Acceptable): 302 E. Strawbridge Ave
Suite, Apt. #, Etc.
City: Melbourne State: FL Zip Code: 32901

CR2E081 (12/98)

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: X _____ REGISTERED AGENT MUST SIGN Date: 1/20/99

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: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/20/99 Daytime Phone #

(2)

1/20/99

Please be advised that this was paid in November, but the check was not received by the Dept. of Corporations.

We contacted them and obtained the enclosed.

We were instructed to write this letter and pay $550.00.

Thank you for your assistance