

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

3. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 12:55

DOCUMENT # P95000041430

1. Corporation Name

COMMUNICATIONS RESOURCES OF FL, INC.

REINSTATEMENT 01



6/27/01 90289-014 150.00

Principal Place of Business Mailing Address
991 EAST ALTAMONTE DRIVE 991 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

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	4. Date Incorporated or Qualified To Do Business in Florida 05/22/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3319954 Applied For
City & State	City & State	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip 4
D	RISHELL, GEORGE P	1608 THORNHILL CIRCLE	OVIEDO FL 32765
			000004655330 6 -10/26/01--01067--025 ****600.00 ****600.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RISHELL, GEORGE P 1608 THORNHILL CIRCLE OVIEDO FL 32765	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> FL

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

George P. Rishell
REGISTERED AGENT MUST SIGN

Date

10/11/01

AD

11. 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:

George P. Rishell George P. Rishell 10/11/01 (407)260-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #