ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLE/	45
APPLICATION	
· FOR	
REINSTATEMEN	T
DOCUMENT #	P
COMMUNICAT	10



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000041641 (8)			FILED		
1. Corporation Name COMMUNICATIONS ACCESS CORPORATION			97 MAR 28 PN 3: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address		Constituted (125 december 1125)	act, reuning	
2203 HIRSCH AVE	SAME.				
TACKSONVILLE, FL. 32216. If above addresses are incorrect in any way, line thro		correction below	REINSTATE	VENT 96+97	
2 New Principal Office Address, If Applicable 3738 PHILIPS HWY Suite, Apt. #, etc.	3. New Mailing Office Address, If 3728 PHILIPS Suite, Apt. #, etc	Applicable		25-95 MWB	
SUITE 44 City & State	SUITE 44 City & State	زر	5. FEI Number 59 - 335621	Applied For Not Applicable	
JACKSONVILLE FL. ZIP 32207 Country U.S.A.	ZIP 32201 Count	, 1 ² C-, y .5.10,	6. CERTIFICATE OF STATUS DESIRED	S8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o			st 3 directors)	THE RESERVE OF THE PROPERTY OF	
Name of Officers Street Address of E Title(s) and/or Directors Officer and/or Directors 1 2 3 (Do NOT Use Post Office Bo		ficer and/or Director	r City / State / Zip		
D FLOWERS, BONNIE H. SOTH ROLLINS AVE. JACKSONVILLE, FL. 32207					
			3000023 -04/01/ ****91	'9701069001	
8. Name and Address of Current R	eoistered Agent	T	9. Name and Address of New Regi	stered Agent	
WITHINGTON, TINA D. Name TAN Street Address (P 302			9. Name and Address of New Registered Agent NUS C. COX, TR. 9. Box Number is Not Acceptable) PHILIPS HWY.		
JMCKSONVILLE, FL. 32216, Suite, Apt. #, Etc. SUITE 44 City Tac. (5)					
10 I, being appointed the registered agent of the above	Jamed Coration, am familiar w	ith and accept the ob	ligations of Section 607.0505, F.S.	FL 32207	
Signature of Registered Agent and REC	GISTEREN AGENT MOST SIGN	. '	Date	26-97	
11. Does this co-poration pay a Dept. of Revenue under S.	ny intangible tax to th 199.032, Florida Stat	ie utes. Yes		other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my sign	ution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies t m do not qualify for a	he requirements of section 607.0401 o n exemption under section 119.07(3)(i	or 617.0401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR