PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

CORPORATION REINSTATEMENT 00 W262

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 30 PM 6:24

DOCUMENT #

1. Corporation Name

SOUTHEAST PAYPHONES, INC.
P95000058709

2. Principal Office Address	**3.** Mailing Office Address
236 SHADOW BAY BLVD.	236 Shadow Bay Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 Country: USA	Zip: 32779 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/21/95

5. FEI Number: 59-3333064 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENNIS SABIA

000003496610--1
-12/12/00--01030--008
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 236 Shadow Bay Blvd.

Suite, Apt. #, Etc.

City: LONGWOOD State: FL Zip Code: 32779

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 11/27/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DENNIS SABIA	236 Shadow Bay Blvd.	LONGWOOD, FL 32779
V.P.	MARK TOMS	3070 BLUFFTON COVE	OVIEDO, FL 32765

AH 12/6

10. 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: _____ DENNIS SABIA 11/27/00 (407) 774-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

SOUTHEAST PAYPHONES, INC.

P.O. BOX 917532 LONGWOOD, FLORIDA 32791-7532 (407) 774-5180

November 27, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32399

To the Division of Corporations:

Please reinstate our corporate status which apparently was mishandled by our former attorney. When the corporation was originally established we used an attorney who designated himself as the registered agent. The attorney no longer does any work for our company and obviously did not forward our annual renewal to us. This is the first time this has happened and I hope you will consider reinstating our corporate status for the $150. renewal fee attached.

Thank you for your consideration given to this matter.

Sincerely yours,

Dennis G. Sabia
President

DGS:pcl