

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 20 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079166

1. Corporation Name

Dialtone, Inc

2. Principal Office Address

4101 SW 47 AVE

Suite, Apt. #, etc.

-101

City & State

Fort Lauderdale, FL

Zip

33314

Country

3. Mailing Office Address

303 PEACHTREE CENTER AVE

Suite, Apt. #, etc.

500

City & State

Atlanta, GA

Zip

30303

Country

U.S.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/1995

5. FEI Number

65-0614739

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Rachel T. Hayes

RACHEL T. HAYES

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

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	JOEL KOCHER	303 PEACHTREE CENTER AVE, STE 500	ATLANTA, GA 30303
CFO	ALLEN SHULMAN	303 PEACHTREE CENTER AVE, STE 500	ATLANTA, GA 30303
TREA	DERICK RHOTON	303 PEACHTREE CENTER AVE, STE 500	ATLANTA, GA 30303

500043002115
11/24/04--01050--020 **750.00

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:

Deed Rhoton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404-260-2548

Date

Daytime Phone #

CR2E081 (01/04)