

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096228

1. Corporation Name

TELLIFORM CORPORATION

Principal Place of Business

3 BARCELONA TRAIL
ORMOND BEACH FL 32174

Mailing Address

3 BARCELONA TRAIL
ORMOND BEACH FL 32174



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/20/1995

5. FEI Number

59-3355991

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILLIAM T. MORRISON, III	3 BARCELONA TRAIL	ORMOND BEACH FL

500002691785--1
-11/19/98--01081--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MORRISON, WILLIAM T III
3 BARCELONA TRAIL
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 November, 1998 804.673.0409
Date Daytime Phone #

CR2E040 (9/98)



2

Forming Ideas into Solutions

13 November, 1998

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir:

Re: Certificate of Administrative Dissolution or Revocation

I was caught completely unaware that I had failed to file the appropriate annual report and filing fee earlier this year. I have no recollection of receiving any notice from the State that this was due. I examined my tax records and can not find any notice from the State except the notice I received today that the corporation was dissolved. When I called the telephone number listed, I was told to send in the \$150 fee and this letter explaining the situation. Please reinstate my corporation – P95000096228.

Thank-you,

Tom Morrison
President