

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 22 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P950000 96357

1. Corporation Name

Advanced Phoning Services, INC.

2. Principal Office Address

514 S. Magnolia Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

US

3. Mailing Office Address

514 S. Magnolia Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

US

REINSTATEMENT 03

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

5. FEI Number

5933 99216

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

Robert W. Witten

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

514 S. Magnolia Ave

Suite, Apt. #, Etc.

City

Ocala, FL

State

FL

Zip Code

34474

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

Robert W. Witten

REGISTERED AGENT MUST SIGN

Date 12-21-03

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
<u>Secy</u>	<u>Don McMillan</u>	<u>514 S. Magnolia Ave</u>	<u>Ocala AL 35242</u>
<u>Pres</u>	<u>Robert Witten</u>	<u>514 S. Magnolia Ave</u>	<u>Ocala AL 35242</u>

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:

Robert W. Witten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-03

Date

(205) 792 7990

Daytime Phone #

CR2E081 (10/02)