

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000000104

1. Corporation Name

GENERAL PAGING OF FLORIDA, INC.

FILED
97 MAR 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

8575 W 110th ST

Suite, Apt. #, etc

* 230

City & State

OVERLAND PARK, KS

Zip

66210

Country

3. New Mailing Office Address, If Applicable

11604 TOMAHAWK CREEK PKWY

Suite, Apt. #, etc

APT J

City & State

LEAWOOD, KS. 66211

Zip

66211

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-8-96

5. FEI Number

65-0630329

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/D	ROBERT I. CLAUSEN	3251 PINETREE DRIVE COLUMBIA, MO 65201	COLUMBIA, MO. 65201
S/H/D	JAMES J. LLOYD	11604 TOMAHAWK CREEK PKWY APT J	LEAWOOD, KS. 66211
			200002117512--8 -03/19/97--01013--003 ****913.75 ****913.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DAVID BLEHSCHMIDT

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

3841 11th AVE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

33964

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

David R. Blehschmidt
REGISTERED AGENT MUST SIGN

Date

3/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

James J. Lloyd

JAMES J. LLOYD

3/13/97

Date

913-696-1996

Daytime Phone #

CR2E040 (1/2/96)