

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR 25 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000017183

1. Corporation Name

ONE CALL PARTNERSHIP, INC.

Principal Place of Business

5111 CENTRAL AVE
ST PETERSBURG FL 33710

Mailing Address

5111 CENTRAL AVE
ST PETERSBURG FL 33710

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9535 International Ct
St. Petersburg, FL

9535 International Ct
St. Petersburg, FL

City & State

City & State

Zip

Country

Zip

Country

33710

USA

33710

USA

5. FEI Number

59-3347066

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
DPVS	DAUGHERTY, LORAIN S Peacock	1100 PINELLAS BAYWAY UNIT G1	ST PETERSBURG FL 33715
T	DAUGHERTY, LORAIN S Peacock	1100 PINELLAS BAYWAY UNIT G1	ST PETERSBURG FL 33715
			400002473404--4 -03/31/98--01044--021 ****908.75 ****908.75
			REINSTATEMENT 97-98
			4. Alan 3/25/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAUGHERTY, LORAIN S
5111 CENTRAL AVE
ST PETERSBURG FL 33710

Name

Loraine Peacock

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

9535 International Ct.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

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

Loraine S. Peacock

REGISTERED AGENT MUST SIGN

Date

3/9/98

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:

Loraine S. Peacock, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/98

Daytime Phone #

888-579-

CR2040 (8/97)