

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jan 16, 2001 8:00 A.M.
Secretary of State

DOCUMENT # P96000035029

1. Corporation Name

ADVANTAGE VOICE & DATA SYSTEMS, INC.

2. Principal Office Address

2902 W. KENMERE AVE.

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

NAME

City & State

TAMPA, FL

Zip

33614

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

4-15-96

5. FEI Number

59-3381242

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

ROGER A. AMICK

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

2902 W. KENMERE AVE.

Suite, Apt. #, Etc.

N/A

City

TAMPA

State

FL

Zip Code

33614

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

REGISTERED AGENT MUST SIGN

Date 1/11/2001

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.	ROGER A. AMICK	2902 W. KENMERE AVE.	TAMPA, FL 33614

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER A. AMICK

Date

1/11/2001

Daytime Phone #

813-876-9363

CR2E081 (9/99)

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

Dear Sir or Madam:

I have enclosed my reinstatement form for my corporation along with a check for the annual fees.

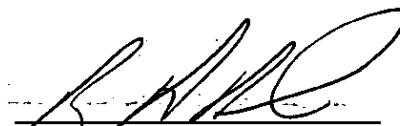
I request if possible the \$600.00 reinstatement fee be waived.

The administrative dissolution is the first problem we have ever had concerning our business practices and was caused by circumstances beyond our control. Our attorney Douglas G. Bevins, P.A., 143 S. Main St., Brooksville, FL, 34601; was entrusted with the completion of our annual reports as well as other business matters. Due to medical problems with family and staff his practice faltered and important matters were overlooked. These problems became so numerous it resulted in the forfeiture of his practice. If further documentation is required I will attempt to obtain the necessary documents.

If you have any further question or comments please contact me at the following:

Roger A. Amick
2902 W. Kenmore Ave.
Tampa, FL 33614-3352
813-931-4631 (H)
813-933-6125 (W)
813-966-2223 (C)

Thank you in advance!


Roger A. Amick, President

