

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 29 AM 9:35

DOCUMENT # **P96000037268**

1. Corporation Name

**CONUNDRUM COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

206 6TH AVE NE  
 ST. PETERSBURG FL 33701

P.O. BOX 76419  
 ST. PETERSBURG FL 33743



**REINSTATEMENT 01**

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

04/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3385304

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	GRAVES, A. SHEREE	206 6TH AVE NE	ST. PETERSBURG FL 33701
<del>D S</del>	VINCENT, M DIANE	<del>1709 WASHINGTON</del> 405 Flamingo Ave	<del>DETROIT MI 48000</del> Naples, FL 34108
<del>VPT</del>	WILLIAMS, EMILY Elizabeth King	<del>445 10TH AVE NE</del> 4601 174th Place SE	ST. PETERSBURG FL 33704 Bellevue, WA 98006
			700004679417--1 11/15/01-01001-015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAVES, A. SHEREE  
 206 6TH AVE NE  
 ST. PETERSBURG FL 33701

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]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **10-26-2001**

11. 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]*  
**SIGNATURE REQUIRED**  
 A. SHEREE Graves, 10-26-2001 727-898-7274  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E640 (8/01)