

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED  
20 JUL 20 PM 1:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 946000056359

1. Corporation Name

VOICE MAIL OF ORLANDO, INC.

800002346568--1  
-07/30/99--01116--001  
\*\*\*1050.00 \*\*\*1050.00

Principal Place of Business	Mailing Address
1421 N. MAIN STREET EVANSVILLE, IN 47711	1421 N. MAIN STREET EVANSVILLE, IN 47711

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

**REINSTATEMENT** 97-998

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/01/96	
City & State		City & State		5. FEI Number	
Zip		Country		35-1993320	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D; P	WILLIAM MARVER	1421 N. MAIN STREET	EVANSVILLE, IN 47711

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILLIAM MARVER		Name	
7200 W. COMMERCIAL BLVD. #207		CT CORPORATION SYSTEM	
LAUDER HILL, FL 33319		Street Address (P.O. Box Number is Not Acceptable)	
		1200 S. PINE ISLAND ROAD	
		Suite, Apt. #, Etc.	
		City	
		PLANTATION	
		State	Zip Code
		FL	33324

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 Carol Record Date 07/12/99

Carol Record, Asst. Sec'y REGISTERED AGENT MUST SIGN

11. This corporation owes 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. (If 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: William Marver (812)433-5132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)