

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

93 JUL 20 PM 2:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000056367**

1. Corporation Name

**W9900003168**

**VOICE MAIL OF FT. LAUDERDALE, INC.**

**000002946590--3**

**-07/30/99--01116--002**

**\*\*\*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 97-99**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/01/96**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**35-1993322**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D; P</b>	<b>WILLIAM MARVER</b>	<b>1421 MAIN STREET</b>	<b>EVANSVILLE, IN 47711</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WILLIAM MARVER  
7200 W. COMMERCIAL BLVD. #207  
LAUDER HILL, FL 33319**

Name

**CT CORPORATION SYSTEM**

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

**1200 S. PINE ISLAND ROAD**

Suite, Apt. #, Etc.

City

**PLANTATION**

State

**FL**

Zip Code

**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*  
**Carol Record, Asst. Secy**

REGISTERED AGENT MUST SIGN

Date

**07/12/99**

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., 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:

*William Marver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(812)433-5132**

Date

Daytime Phone #

CR2E081 (12/98)