

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 99 JUL 20 PM 2:04  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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 -07/30/99--01116--003  
 \*\*\*1050.00 \*\*\*1050.00

DOCUMENT # **PA6000056373**

1. Corporation Name  
**VOICE MAIL OF MIAMI, INC.**

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<sup>00</sup>**

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		35-1993319	
				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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D; P	WILLIAM MARVER	1421 MAIN STREET	EVANSVILLE, IN 47711

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. PLANTATION 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. Secy** 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. 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* (812)433-5132  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)