


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 STATE OF FLORIDA TALLAHASSEE, FLORIDA 200002946592--7 -07/30/99--01116--003 ***1050.00 ***1050.00 | |
|--|--------------------------------------|---|---|---|--|
| DOCUMENT # <u>P96000056373</u> | | | | | |
| 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. | | | | | |
| 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 35-1993319 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 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 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 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 <u>Carol Record</u> Carol Record, Asst. Secy | | | Date 07/12/99 | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>William Marver</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | (812) 433-5132 Date Daytime Phone # | | |

CR2E081 (12/98)