

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB -2 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066461

1. Corporation Name

VISTA TELECOM OF FLORIDA, INC.

Principal Place of Business

15 NORTH 5TH STREET 2ND FLOOR
SADDLE BROOK NJ 07663

Mailing Address

15 NORTH 5TH STREET 2ND FLOOR
SADDLE BROOK NJ 07663

605 W. OLYMPIC BLVD, 300
LOS ANGELES, CA 90015

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1996

5. FEI Number

65-0691209

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	KINZIE, JEANINE	15 NORTH 5TH STREET 2ND FLOOR	SADDLE BROOK NJ 07663
P	KINZIE, DENNIS	15 North 5th St - 2nd Floor	SADDLE BROOK, NJ 07663
D	PARKER, CLAYTON ROBERT	23920 - B Deville Way	MAHIA, CA 90265
D	McVICAR, RONALD C	1612 FAIRFORD DR.	FULLERTON, CA 92833
V	NIGRO, DANIEL F	150 OVERLOOK AVE	HACKENSACK, NJ 07601

REINSTATEMENT

8. Name and Address of Current Registered Agent

KINZIE, JEANINE
479 SYCAMORE LANE
HAINES CITY FL 33844

9. Name and Address of New Registered Agent

Name

KINZIE, DENNIS

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

479 SYCAMORE LANE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

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

Dennis Kinzie

REGISTERED AGENT MUST SIGN

Date

1/27/98

11. This corporation owes or has paid 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:

Dennis Kinzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-98

Date

201-291-0373

Daytime Phone #

CR2040 (8/97)