

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000069310

1. Corporation Name  
**FEDCOM, INC.**

Principal Place of Business  
2300 GLADES ROAD, SUITE 450W  
BOCA RATON FL 33431

Mailing Address  
2300 GLADES ROAD, SUITE 450W  
BOCA RATON FL 33431

FILED

97 OCT 27 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT **97**

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.		08/20/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0687922	
				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	SCHWARTZ, LARRY	2300 GLADES ROAD, SUITE 450W	BOCA RATON FL 33431
<del>D</del>	<del>RADECK, ROBERT B</del>	<del>5100 DUPONT BLVD.</del>	<del>FT. LAUDERDALE FL 33308</del>
<del>D</del>	<del>BAUMANN, ROBERT W</del>	<del>2000 GLADES ROAD, SUITE 450W</del>	<del>BOCA RATON FL 33431</del>

610002332906 7  
-10/29/97--01093--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SUMMERS, LEE C ESQ.  
2300 GLADES ROAD, SUITE 450W  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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

*Lee C. Summers*  
REGISTERED AGENT MUST SIGN

Date **10.24.97**

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:

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97 561-750-7200  
Date Daytime Phone #