

Received Mar-18-99 09:50
CAPITAL CONNECTION

from 850 222 1222 -> Craig
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03/18 '99 09:52 NO.792 02/03

page 2

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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 #

1. Corporation Name

FAX UTILITIES SYSTEMS & SERVICES CORPORATION

Principal Place of Business

Mailing Address

2200 BEN FRANKLIN PKWY, E-103A
PHILA., PA 19130

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

9-18-1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3407921

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

Sit /s/ Address of Corporation 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
CEO	THOMAS R. LESTER	1517 E. 74th Ave,	Tampa, FL 33605
Pres.	LAWRENCE J. KEIM	1315 OXMOOR CT,	VALDICO, FL 33594
Director	B. MACK DEVINE	2000 HAMILTON ST, 508	PHILA., PA 19130

8. Name and Address of Current Registered Agent

ERIC LYNNAN, ESQ.
7695 S.W. 104th St,
OFFICES AT PINECREST, SUITE 210
MIAMI, FL 33156

9. Name and Address of New Registered Agent

Name: LAWRENCE KEIM
Street Address (P.O. Box Number is Not Acceptable): 1517 E. 74th Ave,
Suite, Apt. #, Etc: SUITE C
City: TAMPA
State: FL Zip Code: 33605

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

Lawrence Keim
REGISTERED AGENT MUST SIGN

Date

3-18-99

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:

CRAIG L. HOPE
Craig L. Hope Secretary-Director 3-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

215-981-1011
Daytime Phone #

NEW (NOT LIST CORPORATION OF FL)

FILED
99 MAR 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA