

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -4 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000011894**

1. Corporation Name

Southeastern Telecom of Florida, Inc

000004661493--6
-10/31/01--01069--017
****750.00 ****750.00

REINSTATEMENT 2001

2. Principal Office Address

4407 Vineyard Rd.

Suite, Apt. #, etc.

Ste D-4

City & State

Orlando FL

Zip

32811

Country

Orange

3. Mailing Office Address

500 Royal Pkwy

Suite, Apt. #, etc.

City & State

Nashville TN

Zip

37214 Davidson

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

62-1674478

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

James A. Gustino

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

444 West New England Ave

Suite, Apt. #, Etc.

Ste G

City

Winter Park,

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **10/1/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	John W. Haley	500 Royal Pkwy	Nashville, TN 37214
PT	William F. Allen	500 Royal Pkwy	Nashville, TN 37214
V	Betty Jo Wolf	500 Royal Pkwy	Nashville, TN 37214
V	Tony Buffa	4407 Vineyard Rd.	Orlando, FL 32814

10. 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]

Betty Jo Wolf

9-28-01

415-874-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)