

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 # P97000014908

1. Corporation Name

EASTLAND OF ORLANDO TELEPHONE CORPORATION

Principal Place of Business

7512 DR. PHILLIPS BLVD., STE. 50-115
ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD., STE. 50-115
ORLANDO FL 32819

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

02/14/1997

5. FEI Number

31-1517244

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	LONGENECKER, STEVEN J	7512 DR. PHILLIPS BLVD., STE. 50	ORLANDO FL 32819
D	ELLIOTT, SANDRA	7512 DR. PHILLIPS BLVD., STE. 50	ORLANDO FL 32819
D	HAMANN, SHIRLEY	7512 DR. PHILLIPS BLVD., STE. 50	ORLANDO FL 32819
P/D	IAN EISENBERG	7512 DR. PHILLIPS BLVD., STE 50	ORLANDO, FL 32819
V/T/D	DANNY MCGINNIS	7512 DR. PHILLIPS BLVD., STE 50	ORLANDO, FL 32819
S/D	DON REESE	7512 DR. PHILLIPS BLVD., STE 50	ORLANDO, FL 32819

8. Name and Address of Current Registered Agent

~~LONGENECKER, STEVEN J~~
7512 DR. PHILLIPS BLVD., STE. 50-115
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name
DANNY MCGINNIS
Street Address (P.O. Box Number is Not Acceptable)
7512 DR. PHILLIPS BLVD., STE. 50-115
Suite, Apt. #, Etc.
000002716480--5

City
ORLANDO
-12/18/98 State 12/18/98
***758 FL 02/18/98

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date **November 30, 1998**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 30, 1998 206 505-5500

Date Daytime Phone #

CR25040 (8/98)