

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 23 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000014908**

1. Corporation Name

EASTLAND OF ORLANDO TELEPHONE CORPORATION

2. Principal Office Address

7512 DR. PHILLIPS BLVD

Suite, Apt. #, etc.

STE. 50 PMB 192

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

7512 DR. PHILLIPS BLVD

Suite, Apt. #, etc.

STE. 50 PMB 192

City & State

ORLANDO, FL

Zip

32819

Country

USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/97 SP

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. Name and Address of Current Registered Agent

Name

DON REESE

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

7512 DR. PHILLIPS BLVD

Suite, Apt. #, Etc.

STE. 50 PMB 192

City

ORLANDO

State
FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date **3/14/01**

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
P/D	IAN EISENBERG	7512 DR. PHILLIPS BLVD STE 50 PMB 192	ORLANDO, FL 32819
S/D	DON REESE	7512 DR. PHILLIPS BLVD STE 50 PMB 192	ORLANDO, FL 32819

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
Date

206 505 5500
Daytime Phone #

CR2E081 (9/00)