


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|---------|--|---|--|---|--|
| DOCUMENT # P97000038292 1. Entity Name TOTAL COMMUNICATIONS OF CENTRAL FLORIDA, INC. | | | |  | | 06 OCT 31 2006 10:43 | |
| Principal Place of Business 661 BRYN MAWR STREET ORLANDO, FL 32804 | | | | Mailing Address 661 BRYN MAWR STREET ORLANDO, FL 32804 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 59-3442925 | | | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SILBERNAGEL, JACK S 3513 PINETREE ROAD ORLANDO, FL 32804 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 10/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SILBERNAGEL, JACK S 3513 PINETREE RD ORLANDO, FL 32804 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900081387539 10/31/06--01049--007 **150.00 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DVORAK, KEN L 5833 DONNELLY CIR ORLANDO, FL 32821 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 10/17/06 Daytime Phone 407-423-8600 XT 301 | | | |