

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 # P97000039316

1. Corporation Name

TELECOM RESPONSE, INC.

99 APR 22 AM 10:00

STATE
TELETYPE UNIT FLORIDA

Principal Place of Business

Mailing Address

1 NORTH DALE MABRY HIGHWAY
SUITE 850
TAMPA FL 33609

1 NORTH DALE MABRY HIGHWAY
SUITE 850
TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5414 W. Crenshaw St.

3. New Mailing Office Address, If Applicable
5414 W. Crenshaw St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33634

Country

Zip
33634

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1997

5. FEI Number

59-3443917

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)

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
DP	BROWN, W KRIS	12910 CINNAMON PL	TAMPA FL
DVP	CEREZO, JONATHAN C	15111 NATURE WALK DR	TAMPA FL 33624
D	WADE, GARY	5528 BRADFORD CT	ORANGE PARK FL 32073

7000002859077-9
-04/30/99-01118-023
***900.00 ***900.00

8. Name and Address of Current Registered Agent

BROWN, W. KRIS
1 NORTH DALE MABRY HIGHWAY
SUITE 850
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent under Chapter 607, F.S.

* Section 607.0505, F.S.

Signature of
Registered Agent

W. Kris Brown

REGISTERED AGENT MUST SIGN

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 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: W. Kris Brown, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

CR2E040 (3/98)