

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 OCT 13 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 097000057186

1. Corporation Name

Primecall Communications Inc

2. Principal Office Address

17431 SW 92nd Ct

Suite, Apt. #, etc.

3. Mailing Office Address

415 Melody Lane

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

Dade

City & State

Merritt Island, FL

Zip

32953

Country

Brevard

500060573555

10/13/05--01025--017 **1508.75

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0766935

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

Lorraine J. Williams

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

415 Melody Lane

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

L J Williams
REGISTERED AGENT MUST SIGN

Date

10/11/05

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
<u>pres</u>	<u>Lorraine J. Williams</u>	<u>415 Melody Lane</u>	<u>Merritt Island, FL 32953</u>
<u>treas</u>	<u>Peter R. Khorrah</u>	<u>17431 SW 92nd Court</u>	<u>Miami, FL 33157</u>
<u>Vicepres</u>			
<u>secretary</u>			

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:

L J Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/05
Date

321-453-5670
Daytime Phone #

10/17/05