


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 # <u>970000034910</u>			
1. Corporation Name <u>TELEPHONE ACCESS GATEWAY EQUIPMENT COMPANY</u>			
Principal Place of Business <u>2455 HUNTERFIELD ROAD</u> <u>MAITLAND, FL 32751</u>		Mailing Address 	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <u>OCTOBER 30, 1997</u>		5. FEI Number <u>59-3476564</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MICHAEL McALPIN	2455 HUNTERFIELD RD	MAITLAND, FL 32751
VP	LARRY GROVES	371 E. READING WAY	WINTER PARK, FL 32789
TREAS.	WILLIAM MOONEY	10308 NEWINGTON DR	ORLANDO, FL 32836
			000002824616-7
			03/31/99-01004-013
			****908.75 ****908.75
8. Name and Address of Current Registered Agent <u>Michael McAlpin</u> <u>2455 Hunterfield Road</u> <u>Maitland, FL 32751</u>		9. Name and Address of New Registered Agent Name <u>Tom Hollander</u> Street Address (P.O. Box Number is Not Acceptable) <u>1001 SOUTH ORANGE AVENUE</u> Suite, Apt. #, Etc. <u>2500</u> City <u>WINTER PARK</u> State <u>FL</u> Zip Code <u>32789</u>	
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 <u>[Signature]</u> Date <u>MAR 15, 1999</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <u>Michael McAlpin</u> / <u>MICHAEL McALPIN</u>		Date <u>MARCH 15, 1999</u> Daytime Phone # <u>407-834-5652</u>	

CR2E040 (12/96)