

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 #

1. Corporation Name

INTERNET VOICE NETWORK COMPANY

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1567 FOREST AVE
WINTER PARK, FL 32789

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

REINSTATEMENT 78-99

2. New Principal Office Address, if Applicable

2455 HUNTERFIELD RD

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 30, 1997

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

5. FEI Number

59-3475037

Applied For

Not Applicable

Zip

32751

Country

ORANGE

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	LARRY GROVES	371 E. READING WAY	WINTER PARK 32789
VP	WILLIAM MOONEY	10308 NEWINGTON DR	ORLANDO, FL 32836
TREAS	MICHAEL McALPIN	2455 HUNTERFIELD RD	MAITLAND, FL 32751
			0000002824620 - 5
			03/31/99 - 01004 - 014
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

Larry Groves
1567 Forest Avenue
Winter Park, FL 32789

9. Name and Address of New Registered Agent

Name

THOMAS McALPIN, JR.
Street Address (P.O. Box Number is Not Acceptable)

2455 HUNTERFIELD RD

Suite, Apt. # Etc

Suite 2600

City

ORLANDO

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date

3/15/99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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

3/15/99

Date

407/834-2913

Daytime Phone #

CR2E040 (12-96)