


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P97000101673

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1. Corporation Name  
**AUTOMATED COMMUNICATIONS SYSTEMS, INC.**

Principal Place of Business Mailing Address  
6194 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487



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

2. New Principal Office Address, If Applicable <b>2555 Nassau Lane</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>12/03/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0797393</b>	
City & State <b>Fort Lauderdale Florida</b>		City & State <b>F</b>		Applied For Not Applicable	
Zip <b>33312</b>	Country <b>USA</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GIORDANO, LINDA J	<del>6194 NORTH FEDERAL HIGHWAY</del>	<del>BOCA RATON FL 33487</del>
			500003500565--6 -12/13/00--01110--021 ***150.00 ***150.00

8. Name and Address of Current Registered Agent <b>COLEMAN, ANTHONY G JR</b> 6194 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		9. Name and Address of New Registered Agent Name <b>Linda J Giordano</b> Street Address (P.O. Box Numbers Not Acceptable) <b>2555 NASSAU LANE</b> Suite, Apt. #, Etc. City <b>Fort Lauderdale</b> State <b>FL</b> Zip Code <b>33312</b>	
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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 *[Signature]* REGISTERED AGENT MUST SIGN Date **12/1/00**

11. 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]* 12/1/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

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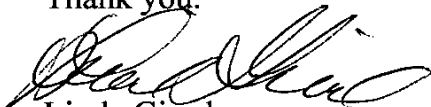
Automated Communications  
2555 Nassau Lane  
Ft. Lauderdale, Florida 33312  
954-927-0229  
954-927-6959 FAX

Enclosed is the application for reinstatement for the above corporation along with our check in the amount of \$150.00.

Please be advised that Anthony G. Coleman Jr. is no longer our registered agent for service and no longer at the address on record therefore, we never received the 2000 Uniform Business Report. We recently acquired the Application for Reinstatement from the new tenants at the previous address.

The new Registered Agent is Linda J. Giordano, 2555 Nassau Lane, Ft. Lauderdale, Florida 33312.

Thank you.

  
Linda Giordano

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE