


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 MAY 26 PM 12:56 SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # <u>0170000104748</u>				
1. Corporation Name <u>SysCOM Long Distance Service</u>				
Principal Place of Business <u>387 N. Spaulding Cor</u> <u>Henderson FL 32746</u>		Mailing Address (Same as above)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable <u>SAME AS ABOVE</u>		3. New Mailing Office Address, If Applicable (Same as above)		4. Date Incorporated or Qualified To Do Business in Florida <u>Dec 1987</u>
Suite, Apt. #, etc. (Same as above)		Suite, Apt. #, etc. (Same as above)		5. FEI Number <u>65-0798757</u>
City & State (Same as above)		City & State (Same as above)		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip (Same as above)	Country (Same as above)	Zip (Same as above)	Country (Same as above)	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	2	3	4	
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	
<u>PRES</u>	<u>STEPHEN STEEN</u>	<u>387 N. Spaulding Cor</u>	<u>HENDERSON FL 32746</u>	
<u>TREAS</u>	<u>Ronald John</u>	<u>483 BRAD AVE SE</u>	<u>MAINT MA -</u>	
8. Name and Address of Current Registered Agent <u>STEPHEN STEEN</u> <u>387 N. Spaulding Cor</u> <u>HENDERSON FL</u>				
9. Name and Address of New Registered Agent				
Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____				
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> REGISTERED AGENT MUST SIGN Date <u>05/14/99</u>				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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. <u>[Signature]</u>				
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E001 (12/98)

05/24/99 407 312-8889
 Date Daytime Phone #