

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 12:50

DOCUMENT #

PA7000005382

1. Corporation Name

ProTel Voice & Data Services

2. Principal Office Address

808 SE 47th Ter

Suite, Apt. #, etc.

4

City & State

Cape Coral FL

Zip

33904

Country

USA

3. Mailing Office Address

808 SE 47th Ter

Suite, Apt. #, etc.

4

City & State

Cape Coral FL

Zip

33904

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0826094

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

Kent Steadhill

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

808 SE 47th Ter

Suite, Apt. #, Etc.

4

City

Cape Coral

State

FL

Zip Code

33904

900003342979-7

-08/02/00--01002--017

****900.00 ****900.00

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

Kent Steadhill

REGISTERED AGENT MUST SIGN

Date

7-7-2000

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
P	Kent Steadhill	2122 SW 50th Lane	Cape Coral FL 33914
VP	Steve Stone	3415 Pelican Blvd.	Cape Coral FL 33914

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:

Kent Steadhill

Kent Steadhill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000

Date

941-9455565

Daytime Phone #

CR2E081 (9/99)