

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013581

1. Corporation Name

CHARLES POPE CELLULAR COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

6782 W GULF TO LAKE
CRYSTAL RIVER FL 34429

6782 W GULF TO LAKE
CRYSTAL RIVER FL 34429

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~6782 W. Gulf to Lake Hwy.~~
Suite, Apt. #, etc.

~~6782 W. Gulf to Lake Hwy.~~
Suite, Apt. #, etc.

City & State

City & State

Crystal River, FL

Crystal River, FL

Zip Country

Zip Country

34429

34429

FILED
03 OCT 22 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1998

5. FEI Number

59-3401573

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	POPE, CHARLES L	1028 SOUTHEAST FIFTH AVENUE	CRYSTAL RIVER FL 34423
VP	POPE, ANNE	1028 SE 5TH AVE	CRYSTAL RIVER FL 34429
ST	POPE, JULI	1557 S. PINWHEEL DR.	CRYSTAL RIVER FL 34429
P	Juli Pope	1557 S. Pinwheel Dr.	Crystal River, FL 34429
VP	Juli Pope	1557 S. Pinwheel Dr.	Crystal River, FL 34429

200024250212
10/23/03 -01021--009 **750.00

8. Name and Address of Current Registered Agent

KOVACH, MICHAEL T
106 N. OSCEOLA AVE
INVERNESS FL 34450

9. Name and Address of New Registered Agent

Name Denise A. Lyn
Street Address (P.O. Box Number is Not Acceptable)
121 N. Apopka Ave.
Suite, Apt. #, Etc.
City Inverness State FL Zip Code 34450

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE OF REGISTERED AGENT

Date 10-20-03

REGISTERED AGENT MUST SIGN

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 OF JULI POPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

(352)634-3838

Daytime Phone #

CR2E040 (7/03)