

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000054847**

1. Corporation Name

VOICE COMM, INC.

Principal Place of Business

Mailing Address

3221 NW 13 ST. STE C-2
GAINESVILLE FL 32609

3221 NW 13 ST. STE C-2
GAINESVILLE FL 32609

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

2. New Principal Office Address, If Applicable

1406-C NW 6 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1406-C N.W. 6 ST

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

06/16/1998

5. FEI Number

59-3515901

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
XP	FOGLE, PAULA S	15509 NW 93 ST	ALACHUA FL 32615
D	TUCKER, DANNY R	3000 SE 55 DR	GAINESVILLE FL 32641
D	VAUGHN, JAMES W	9006 NW 155 PL	ALACHUA FL 32615
V-P	HORST W. HOEFLE	2201 NW 24 AVE	GAINESVILLE, FL 32601
S-T	WALTRAUD E. BUCHANAN	2201 NW 24 AVE	GAINESVILLE, FL 32601

400003095474-3
-01/12/00-01012-024
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

MIDDLETON, JOHN D
303 SR 26
MELROSE FL 32666

9. Name and Address of New Registered Agent

Name

PAULA S. FOGLE

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

1406-C N.W. 6 ST

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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

Paula S. Fogle

SIGNATURE REQUIRED

Date

12/30/99

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:

Paula S. Fogle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-99

Date

352/377-0000

Daytime Phone #