

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000063872

1. Corporation Name

LONG DISTANCE AMERICA, INC.

Principal Place of Business

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address

P. O. BOX 5742  
FT LAUDERDALE FL 33310-5742

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

2. New Principal Office Address, If Applicable

9539 NW 28th St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/21/1998

5. FEI Number

65-0852987

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)

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|----------|--------------------------------------|---|------------------------|
| PSTD     | COGEN, GREGORY A                     | P. O. BOX 5742                                    | FT LAUDERDALE FL 33310 |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |

8. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

GREG A. COGEN

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

9539 NW 28th Street

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

REGISTERED AGENT MUST SIGN

Date

10/20/01

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:

GREG A. COGEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/01

Daytime Phone #

800 240 7170

CR2000 (8/01)