

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR -6 AM 8:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088171

1. Corporation Name

NEW AGE COMMUNICATIONS, INC

2. Principal Office Address

22818 FOREST RIDGE DRIVE

3. Mailing Office Address

22818 FOREST RIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO, FL

City & State

ESTERO, FL

Zip

33928

Country
USA

Zip

33928

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-1998

5. FEI Number

59-3541725

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

STARBUCK, JAMES R

Street Address (If Not Applicable)

22818 FOREST RIDGE DRIVE

Suite, Apt. #, Etc.

City

ESTERO, FL

State

FL

Zip Code

33928

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

04/04/2006

Date

REGISTERED AGENT MUST SIGN

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	STARBUCK, MARTI L	22818 FOREST RIDGE DRIVE	ESTERO, FL 33928

200078305452
04/13/06--01016--020 **450.00

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 contained in Chapter 119, 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:

Marti Starbuck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2006

Date

239-948-9800

Daytime Phone #