

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000014880

1. Corporation Name

TELEPHONY COMMUNICATIONS GROUP, INC.

Principal Place of Business

Mailing Address

612 NORTHEAST 14TH AVENUE
UNIT C
FORT LAUDERDALE FL 33304

612 NORTHEAST 14TH AVENUE
UNIT C
FORT LAUDERDALE FL 33304

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1999

5. FEI Number

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|--|---|---|
| PTD | MANN, JOHN C | 612 NORTHEAST 14TH AVENUE | FORT LAUDERDALE FL 33304 |
| SVD | PISSONI, MATT | 612 NORTHEAST 14TH AVENUE | FORT LAUDERDALE FL 33304 |
| | | | 900003521348--6 -01/03/01--01025--002 ****150.00 ****150.00 |
| | | | SP |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 12/11/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/00 954-661-1426



FILED
00 DEC 15 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED40 (8/00)

292

Please resubmit my business for the \$150 reinstatement fee. This was my first year in business. I was unaware of the annual report, and my business has changed to 710 NE 15th Ave Ft Lauderdale FL, 33304. \$750 cost could not be substantiated given the size of this company. The Florida Department of State writer of Dissolution was the first and only form I received.

Sincerely,

Jon Mann
President
Telephony Communications Group