

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -7 PH 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025171

1. Corporation Name

VOCALMAIL CORP

REINSTATEMENT 02-04

2. Principal Office Address

3389 SHERIDAN STREET

Suite, Apt. #, etc.

#410

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

3389 SHERIDAN STREET

Suite, Apt. #, etc.

#410

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

300035765573

05/07/04--01078--014 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida 3/19/99

5. FEI Number
65-0905098

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

CHARLES WAINER

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

3389 SHERIDAN STREET

Suite, Apt. #, Etc.

#410

City

HOLLYWOOD

State

FL

Zip Code

33021

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

Date 4/27/04

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
PSTD	CHARLES WAINER	3389 SHERIDAN STREET, #410	HOLLYWOOD, FL 33021

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Wainer

4/27/04

Date

954-327-4617

Daytime Phone #

CR2E081 (01/04)

CG Accounting Corporation

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33312 (954) 327-4617 Fax (954) 327-4618

April 27, 2004

Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**Re: Vocalmail Corp.
P99000025171
UBR/Annual Report - 2002, 2003, 2004**

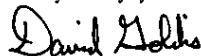
Dear State of Florida Representative,

We are the accountants for the above named taxpayer. This corporation never received their 2002 - 2004 UBR/Annual Report in the mail. We sent an e-mail and received a response (copy enclosed) to advise us how to proceed.

We are submitting the application together with the \$450 fee (\$150 x 3). We appreciate the abatement of the late fee.

If any additional information is needed, please contact us.

Very truly yours,



David Goldis

DTG/cb