

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 01

APPLICATION
FOR



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

DOCUMENT # P99000050195

1. Corporation Name

FLORIDA COMMERCIAL PAYFON, INC.

FILED

01 OCT 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5625 Verna Blvd #9
STE 9
JACKSONVILLE FL 32205

Mailing Address

5625 Verna Blvd
STE 9
JACKSONVILLE FL 32205

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

05/28/1999

5. FEI Number

65-0950927

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
O	MILTON, HOZAE	5625 Verna Blvd STE 9	JACKSONVILLE FL 32205
ASC	SHARP, GREG	5625 Verna Blvd STE 9	JACKSONVILLE FL 32205
			7000004659257-5 -10/30/01--01055--009 ****150.00 ****150.00
			01 ubr TS

8. Name and Address of Current Registered Agent

MILTON, HOZAE
5625 Verna Blvd STE 9
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

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

Hozae Milton
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Hozae Milton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01

CR2E040 (8/01)

FLORIDA COMMERCIAL PAYFON, INC.

P99c 2nd

October 15, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

Dear Sir or Madam:

I have attached a check for \$150.00 dollars to pay the amount due for my corporate annual report.

The reason my payment is late, is because I didn't receive notice this year from the State of Florida Department of State that my payment was due.

My Corporation Name is Florida Commercial Payfon, Inc., and my Document Number is P99000050195, if you have any questions please contact me at 904-786-2040.

Sincerely,

Hozae Milton

Hozae Milton
President