

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000082151

1. Corporation Name

**Faxlink, Inc**

**REINSTATEMENT**

700111581057  
11/01/07--01032--002 \*\*1208.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2805 e oakland park blvd

3. Mailing Office Address

2805 e oakland park blvd

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33306

Country

usa

Zip

33306

Country

usa

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0965371

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  
George P Maffei

Street Address (P.O. Box Number is Not Acceptable)  
633 SE 3rd Ave

Suite, Apt. #, Etc.

4R

City  
Fort Lauderdale

State

FL

Zip Code

33301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-31-07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| ceo    | James Davis                          | 2805 e oakland park blvd                          | Fort Lauderdale, FL 33306 |
| pres   | Jacqueline Apostolakos               | 2805 e oakland park blvd                          | Fort Lauderdale, FL 33306 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #