

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000108186

1. Corporation Name

FAXYGRAM INC.

Principal Place of Business

3259 SHALLOWFORD ROAD
ATLANTA GA 30341

Mailing Address

3259 SHALLOWFORD ROAD
ATLANTA GA 30341

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1999

5. FEI Number

58-2347857

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BARRION, SANTIAGO	4069 TILLY MILL RD	DORAVILLE GA 30340
VP	BARROIN, YOLANDA	4069 TILLY MILL RD	DORAVILLE GA 30340
T	BARRION, MIGUEL	4069 TILLY MILL RD	DORAVILLE GA 30340
D	BARRION, MIGUEL	4069 TILLY MILL RD	DORAVILLE GA 30340
S	BARRON, NANCY	4069 TILLY MILL RD	DORAVILLE GA 30340

8. Name and Address of Current Registered Agent

REGNIER, EDWARD
4271 LARGO WAY
SARASOTA FL 34241

9. Name and Address of New Registered Agent

Name

JUAN CAMPOS

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

7205 U.S.A Hwy 19

Suite, Apt. #, Etc.

City

NEWPORT RICHELIEU

State

FL

Zip Code

34652

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

Juan Campos

REGISTERED AGENT MUST SIGN

Date

12-11-99

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 #

600004739816--3
-12/26/01--01095--021
****750.00 ****750.00

12-01-01

770-458-1260

CR20040 (8/01)