


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S55964**

1. Corporation Name

COMMUNITY TELEPHONE DIRECTORIES OF FLORIDA, INC

Principal Place of Business

5112 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652

Mailing Address

5112 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652

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		4. Date Incorporated or Qualified To Do Business In Florida 05/28/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3070474	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	PETERSON, WALTER L. JR. PETERSON, THOMAS A.	16161 GARDENDALE DR. 7951 EMPIRE COURT	TAMPA FL 33624 NEW PORT RICHEY FL 34654
VP	PETERSON, THOMAS A.	7951 EMPIRE CT	NEW PORT RICHEY FL 34654
ST	PETERSON, ROXANE J	4510 CARROLLWOOD VILLAGE DR	TAMPA FL 33624 300002408003--5 -01/22/98--01007--009 *****550.00 *****550.00

8. Name and Address of Current Registered Agent

PETERSON, WALTER L. JR.
16161 GARDENDALE DR.
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name
PETERSON, THOMAS A.
Street Address (P.O. Box Number is Not Acceptable)
7951 EMPIRE COURT
Suite, Apt. #, Etc.

City
NEW PORT RICHEY
State
FL
Zip Code
34654

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 **12/2/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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
THOMAS A. PETERSON. PRESIDENT

Date

Daytime Phone #

12/2/97

(813) 847-6243

CR20040 (8/97)