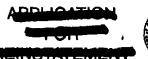
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

S55964

COMMUNITY TELEPHONE DIRECTORIES OF FLORIDA, INC.



98 JAN 20 PH 3:31

| •   |   |                        |  |                       |  | (71   | M                                    |                   |                            |  |
|---|---|------------------------|--|-----------------------|--|---|--------------------------------------|-------------------|----------------------------|--|
| Principal Place of Business Malling Add   |   |                        | ress   |                       |  | THE PROPERTY OF   |                                      | I TIEN ZING NO    |                            |  |
| 5112 TROUBLE CREEK RD.  |   | 5112 TROUBLE CREEK RD. |  |                       |  |   |                                      |                   |                            |  |
| NEW PORT RICHEY FL 34652 NEW PORT I   |   |                        | RICHEY FL 34652  |                       |  |   | 81 01104 01110 10110 01311 0131 5101 | U U U U U U U     | 61011 01011 14 01          |  |
|   |   |                        |  |                       |  |   |                                      |                   |                            |  |
| 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 Dots lesses   | and as Outlier d                     |                   |                            |  |
|   |   |                        |  |                       |  | Date Incorporated or Qualified     To Do Business In Florida     05/28/1991 |                                      |                   |                            |  |
| Suite, Apt. #, etc.   |   | Sulte, Apt. #          | Sulte, Apt. #, etc.  |                       |  | 5. FEI Number Applied For   |                                      |                   |                            |  |
| City & State  |   | City & State           |  |                       |  | 59-3079474 Not Applica  |                                      | Not Applicable    |                            |  |
| Zip   | Country                                     | Zip                    | . <del>.</del>   | Country               | ,  | 6. CERTIFICAT   | E OF STATUS DESIRED                  |                   | ional Fee required         |  |
|   |   |                        |  | <u></u>               |  |   | E OI OI MI OO DEGINED [              | for a Certi       | ficate 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<br>and/or Directors        |                        | Street Address of Each Officer and/or Director Office Box I On NOT Use Post Office Box I |                       |  | City / State / Zip  |                                      |                   |                            |  |
| P   | PETERSON, WALTER L., JR.                    |                        | 18161 GARDENDALE DR.   |                       |  | TAMPA FL 33824<br>NEW PORT RICHEY FL 34654                                  |                                      |                   | ···                        |  |
| PETERSON, THOMAS A.   |   | Α.                     | 7951 EMPIRE COURT  |                       |  |   |                                      |                   | 34654                      |  |
| <b>√P</b>   | PETERSON, THOMAS A                          |                        |  | -7951 EMPIRE GT       |  |   | NEW PORT RICHEY FL 34854             |                   |                            |  |
| ST PETERSON, ROXANE J   |   |                        | 4510 CARROLLWOOD VILLAGE DR TAMPA FL 33624   |                       |  |   |                                      | 35                |                            |  |
|   |   |                        |  | ·                     |  |   | -01/22/98                            | <del>0100</del> 7 | <del>'009</del><br>*550.00 |  |
|   |   |                        |  | ****550,00 ****550.00 |  |   |                                      |                   |                            |  |
|   |   |                        |  |                       | U. Wings   |   |                                      |                   |                            |  |
|   | Jan. Ci                                     |                        |  |                       |  |   |                                      |                   |                            |  |
| 8. Name and Address of Current Registered Agent   |   |                        |  |                       |  | 9. Name and Address of New Registered Agent                                 |                                      |                   |                            |  |
| Name  |   |                        |  |                       |  |   |                                      |                   |                            |  |
| PETERSON, WALTER L., JR.  |   |                        |  |                       | PETERSON - THOMAS A - Street Address (P.O. Box Number is Not Acceptable) |   |                                      |                   |                            |  |
| 16161 GARDENDALE DR.  |   |                        |  |                       |  |   | PIRE COURT                           |                   |                            |  |
| TAMPA   | \ FL 33624                                  |                        | Suite, Apt. #, Etc.  |                       |  |   |                                      |                   |                            |  |
|   |   |                        |  |                       | City State Zip Code NEW PORT RICHEY FL 34654                             |   |                                      |                   |                            |  |
| 10. I, being  | appointed the registered agent of the about | ve named corp          | oration, am f  | amiliar wit           | th and accept the ob   | oligations of Sect  | ion 607.0505, F.S.                   |                   |                            |  |
| Signature of Registered Agent Date 12/2/97  |   |                        |  |                       |  |   |                                      | <u> </u>          |                            |  |
| REGISTERED AGENT MUST SIGN  |   |                        |  |                       |  |   |                                      |                   |                            |  |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X 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 filling 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: