

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 20 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S81143**

1. Corporation Name

**TRACI COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

438 W HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441  
US

438 W HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441  
US

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

09/18/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0333273

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PVST	CHAPMAN, MALCOLM	620 LAVERS CIR. APT. 223 13 NE 12 ST	DELRAY BEACH FL 33444
D	CHAPMAN, MALCOLM	620 LAVERS CIR. APT. 223 13 NE 12 ST	DELRAY BEACH FL 33444
ST	CHAPMAN, MALCOLM	1201 N. SWINTON AVE. 13 NE 12 ST	DELRAY BEACH FL 33444
			700003455607--9 -11/07/00--01033--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAPMAN, MALCOLM  
438 W. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441  
Deerfield

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

*Malcolm Chapman*  
REGISTERED AGENT MUST SIGN

Date 10-10-2K

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:

*Malcolm Chapman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2K

Date

Daytime Phone #

954.480-  
8500

CR2ED40 (8/00)