EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLE
APPLICATI	ΟN
FOR	7.7
REINSTATEM	1E1
DOCUMENT	#}
Corporation Name	
ΔΤΙ.ΔΝ	TT.



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

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ATLANTIC T	ELEPHONE COMP	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 400 M. TAMP	Mailing Add	dress SAME				
SUITE 2100 TAMPA, FLORI		5000035815054 -01/26/0101077018 ****900.00 ****900.00				
If above addresses are incorrect in a	ny way, line through incorrect	information and enter correction below.				
New Principal Office Address, If Ap	<u> </u>	iling Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida  09/23/1991			
Suite, Apt. #, etc.	Suite, Apt.	#, etc.	5. FEI Number	<del>'</del>		
City & State	City & State	•	59-3089574	Applied For Not Applicable		
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Ea	sch Officer and/or Director (F	lorida nonprofit corporations must list at	least 3 directors)			
Name	of Officers or Directors	Street Address of Ea Officer and/or Direct Officer Post Office Bo	ach tor City / S	State / Zip		
PRES RICHARD TI	AMPLIN	11671 STERLING SUITE 8	C 3T. CORUNA, C. 92503	ALIF		
SEC GERRI SKEEN 11671 STERLING ST CORONA, CALIF. SUITE B 92503						
CEO LARRY Co	LANGELO	11671 STERLI SUITE B	NC ST. CORUMA, C 92503	ALIF.		
		·				
			ATENE 11 00-01	1 88		
		PENSI	WI Elaberta			
8. Name and Addre	ss of Current Registered Ag	gent	9. Name and Address of New Registered	Agent		
<u>-</u>		Name	raw J. Mayts, Jr.			
. •		Suite, Apt. #, E		300		
		City	Stat	e Zip Code		
10. I, being appointed the registered a	gent of the above named com	exation, am familiar with and accept the	obligations of Section 607,0505, F.S.	e Zip Code _ 33609		
Signature of Registered Agent	18	GENT MUST SIGN		101		
				· -		
11. This corporation of	wes the current	year 💚	(See other si	ide for information		

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Intangible Personal Property Tax due June 30.

Yes 🗵 No 🗆

on intangible tax.)