

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S94845

1. Corporation Name

Inbound Communications, Inc.

Mailing Address

Principal Place of Business

100 Second Avenue S.
Suite 704
St. Petersburg, Fl 33701

5024 West Nassau Street
Tampa, Fl 33607

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

~~100 Second Avenue S.~~

~~5024 West Nassau Street~~

~~Suite 704~~

~~Suite, Apt. #, Etc.~~

City & State

City & State

St. Petersburg, Fl

Tampa, Fl

Zip

Country

Zip

Country

33701

USA

33607

USA

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 |
|----------|-----------------------------------|---|--------------------------|
| PSTD | Dean Tyler | 310 Coffee Pot Riviera NE | St. Petersburg, Fl 33704 |
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500002196565--7
05/30/97 01103-005
***1410.00 ***1410.00

5/23/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

B. Gray Gibbs

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

100 Second Avenue S., Suite 704

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33701

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

B. Gray Gibbs

REGISTERED AGENT MUST SIGN

Date

5/23/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Dean Tyler DEAN TYLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/97

Date

813/894-6540

Daytime Phone #

CR2E040 (6/94)