

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005161

1. Corporation Name

RSI BASEBAND TECHNOLOGIES, INC.

Principal Place of Business

6901 TPC BLVD., SUITE 650
ORLANDO FL 32822

Mailing Address

6901 TPC BLVD., SUITE 650
ORLANDO FL 32822

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1999

5. FEI Number

59-3586791

Applied For

Not Applicable

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
PD	KANIPE, GARY	609 SOUTH NEW HOPE ROAD, SUITE 2	GASTONIA NC 28054
VF	BACH, ANDREW	609 SOUTH NEW HOPE ROAD, SUITE 2	GASTONIA NC 28054
VD	SHARIF, STEVE	101 ROUND HILL DRIVE	ROCKAWAY NJ 07866
V	BONGIORNO, JAMES	101 ROUND HILL DRIVE	ROCKAWAY NJ 07866
V	VIGIL, JUAN	6901 TPC BLVD., SUITE 650	ORLANDO FL 32822

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-2-00

REGISTERED AGENT MUST SIGN

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:

Andrew R. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19-25-2000

(905) 988-6028



F99-5161 208

Evalee B. Brown

Sr. Tax Analyst

2600 North Longview Street
Kilgore, TX 75662
Telephone: 903-988-6028
Fax: 903-984-8854

October 26, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

We are in receipt of the application for reinstatement for our newly formed corporation. We apparently never received a renewal per your office would have been due in May, 2000. Since our company was only formed in October, 1999 we did not realize there were annual report fees due again within six months. Our registered agent failed to inform us as well. We are enclosing the \$150.00, which originally was due per your office. We respectfully request abatement of the additional fee associated with this matter. We have noted in our files that this report is due annual on January and no later than May of each year. Please accept our apology for any inconvenience that this has caused your office.

Respectfully yours,

Evalee B. Brown
Senior Tax Analyst

EBB/

Attachment

duplicate copy - original check + letter
lost in mail - OK missed