

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

02 JAN 29 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **F00000000599**

1. Corporation Name  
**Telecommunications Analysis  
Group, Inc.**

2. Principal Office Address  
**12 Elmwood Rd**

3. Mailing Office Address  
**12 Elmwood Rd**

**REINSTATEMENT 2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida **1/30/91**

City & State  
**Menands**

City & State  
**Menands**

5. FEI Number **14-1827815**  
Applied For  
Not Applicable

Zip **NY**

Country **USA**

Zip **NY**

Country **USA**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **Corporation Service Company 300004880173-9**  
Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**  
Suite, Apt. #, Etc.  
City **Tallahassee FL** State **FL** Zip Code **32301-2525**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  
Signature of Registered Agent **see attached** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Shaun Mahoney	14 Longshadow Dr	Latham NY 12110
ST	Anthony Maney	1 Oriel Lane	Rensselaer, NY 12154
Dir	Patrick T. Maney Jr.	162 Elliot Road	EAST Greenbush NY 12061

10. 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: **Patrick T. Maney Jr.** Date **1/17/02** (518) 292-6570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **x6601**

CR2E081 (9/00)

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CORPORATION REINSTATEMENT



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

R. A.  
Signature  
Page

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Signature of Registered Agent

ROBERT BRANCH

REGISTERED AGENT MUST SIGN

Date

January 17, 2002

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Daytime Phone # x6601