

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

APPROVED AND FILED

05 MAR -7 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02232005 REIN-P CR2E008 (8/04) *MRS*

<b>DOCUMENT # P03000143825</b>			
1. Entity Name <b>AVTEL COMMUNICATIONS SYSTEMS, INC.</b>			
Principal Place of Business <b>211 NE 33RD STREET FORT LAUDERDALE, FL 33334</b>		Mailing Address <b>211 NE 33RD STREET FORT LAUDERDALE, FL 33334</b>	
2. Principal Place of Business <b>2222 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 303</b>		3. Mailing Address <b>PO Box 4511 Suite, Apt. #, etc.</b>	
City & State <b>Coral Gables, FL</b>		City & State <b>Deerfield, FL</b>	
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33442</b>	Country <b>USA</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AVILA, RYAN G 211 NE 33RD STREET FORT LAUDERDALE, FL 33334 2222 Ponce de Leon Blvd. Suite 303 Coral Gables, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>REINSTATEMENT 04-05</b> City <b>FL</b>	
8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>[Signature]</i>		SIGNATURE: <i>[Signature]</i>	
<b>FILE NOW!! FEE IS \$300.00</b>		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVILA, RYAN G 211 NE 33RD STREET FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Avila, Ryan G. 2222 Ponce de Leon Blvd Suite 303 Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200048400112 03/15/05--01009--019 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date _____ Daytime Phone # _____	