

To:  
Subject

From: Patricia Tadlock

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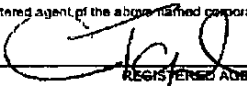

**FILED**

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2008 FEB 26 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>99000059981</b>					
1. Corporation Name <b>Debit One Communications, Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>1428 Brickell Avenue</b>			3. Mailing Office Address <b>1428 Brickell Avenue</b>		
Suite, Apt. #, etc. <b>Suite 100</b>			Suite, Apt. #, etc. <b>Suite 100</b>		
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>		
Zip <b>33131</b>	Country	Zip <b>33131</b>	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Andrew Taplin</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1428 Brickell Avenue</b>					
Suite, Apt. #, Etc. <b>Suite 100</b>					
City <b>Miami, FL</b>				State <b>FL</b>	Zip Code <b>33131</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent 				Date <b>2/26/08</b>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Dir	Andrew Taplin	1428 Brickell Avenue		Miami, FL 33131	
Dir	Evan Phillips	1428 Brickell Avenue		Miami, FL 33131	
<b>REINSTATEMENT</b> <b>2002-08</b>					
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 contained in Chapter 119, 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: 				Date <b>2/26/08</b> (305) 377-3534	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



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Florida Department of State  
Division of Corporations  
Public Access System

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

001477.82286

CORPORATION REINSTATEMENT

DEBIT ONE COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	01
Page Count	02
Estimated Charge	<del>\$1,650.00</del>

\$1058.75

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