

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 JAN 29 AM 11: 01
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P99000022547**

1. Corporation Name
EPTEL, INC.

Principal Place of Business	Mailing Address
9532 SOUTHEAST DUNCAN STREET HOBE SOUND FL 33455	9532 SOUTHEAST DUNCAN STREET HOBE SOUND FL 33455



REINSTATEMENT *2000*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/11/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0903638	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	PETZOLT, EDWIN	9532 SOUTHEAST DUNCAN STREET	HOBE SOUND FL 33455
SVD	ETTESVOLD, PATRICIA N	9532 SOUTHEAST DUNCAN STREET	HOBE SOUND FL 33455

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 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **EDWIN PETZOLT**
 Street Address (P.O. Box Number is Not Acceptable) **9532 SE DUNCAN ST.**
 Suite, Apt. #, Etc.
 City **HOBE SOUND** State **FL** Zip Code **33455**

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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date **10/31/00**

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: *[Signature]* **EDWIN PETZOLT** Date **10/31/00** Daytime Phone # **5615469626**

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CR2E040 (8/00)